

GLO Compensation Scheme – Review Application

GLO Reference Number	
Claimant's name and name of legal representative (if applicable)	
Party making the application [Claimant or DBT]	
Date of receipt of Independent Panel's Final Assessment	
Date of Review Application	
What part of the Independent Panel's Final Assessment are you seeking a review in respect of?	
Which Review Criteria is this application being brought under?	<input type="checkbox"/> Substantial inconsistency with the Guidance and Principles <input type="checkbox"/> Manifest error <input type="checkbox"/> Procedural irregularity <input type="checkbox"/> Substantive error of principle
Why do you believe that the selected Review Criteria applies?	
What sum do you believe should have been awarded by the Independent Panel and why?	

Signed _____

[NAME] – [Claimant/DBT] OR [Claimant's/DBT's Legal Representative]