

**DECISION IN THE MATTER OF:
INTERNATIONAL CRICKET COUNCIL**

and

YASIR SHAH

Disciplinary Proceedings under the ICC Anti-Doping Code 2015

The following is a decision resolving the disciplinary proceedings brought by the International Cricket Council (“**ICC**”) against Mr Yasir Shah (“**YS**”) in respect of his alleged violation of the ICC Anti-Doping Code 2015 (the “**ICC Code**”), which implements the 2015 World Anti-Doping Code.

Background

1. YS is a cricketer who made his international debut for Pakistan in 2011. To date he has represented Pakistan in twelve Tests, fifteen One Day Internationals, and two Twenty20 Internationals.
2. By signing a Consent and Agreement form to the then-current version of the ICC Anti-Doping Code on 8th September 2011, and by his subsequent participation in international matches, YS has at all material times accepted and so is bound by and required to comply with the provisions of the ICC Code.

In-Competition Test on 13th November 2015

3. On 13th November 2015, YS played in the second match of Pakistan’s One Day International (“**ODI**”) series against England at Abu Dhabi. After the match, he was selected at random to undergo an In-Competition Test in line with Article 5.2 of the ICC Code. According to the Doping Control Form, he provided a urine Sample at 11.19pm.
4. As part of the testing process, YS completed a Doping Control Form. Section 3 of the Doping Control Form (Information for Analysis) requires the player to declare any prescription or non-prescription medication or supplements taken in the previous 7 days. Whilst completing the Doping Control Form, YS informed Pakistan team physiotherapist Bradley Robinson that, in addition to the anti-inflammatory medication Caflam, he had taken a single blood pressure tablet about 4 days previously, which he told Mr Robinson had been given to him by his wife. However, YS could not remember the name of the medication, and therefore in Section 3 of the Doping Control Form he did not declare any medication other than Caflam. Whilst YS and the Doping Control Officer were completing the Doping Control Form, Mr Robinson relayed his conversation with YS regarding the blood pressure medication to the ICC’s Anti-Doping and Medical Officer.

5. On 17th November 2015, YS informed Mr Robinson that he had subsequently been able to establish the name of the blood pressure medication given to him by his wife, and that this was 'Atenolol'. There followed various communications (via email and telephone) between Mr Robinson and the Pakistan Cricket Board's Head of Medical and Sports Science, Dr Sohail Saleem, during which they established that although Atenolol appears on the World Anti-Doping Agency ("WADA") Prohibited List in the P2 category (beta-blockers) for particular sports such as Archery and Shooting, its use in cricket is not prohibited.

Adverse Analytical Finding

6. The A Sample of the urine specimen collected from YS in Abu Dhabi on 13th November 2015 was analysed by Anti-Doping Laboratory Qatar, a WADA-accredited anti-doping facility, and returned an Adverse Analytical Finding ("AAF") for Chlortalidone¹ at an estimated concentration of 165 ng/ml.
7. Chlortalidone is listed as a Diuretic or Masking Agent under section S5 of the 2015 WADA Prohibited List. It is therefore classified as a Specified Substance for the purposes of the ICC Code
8. Having been notified of the AAF by the Laboratory, the ICC appointed an Independent Review Board to conduct a review of the entire matter in accordance with Article 7.1.1 of the ICC Code, i.e., in order to determine: (a) whether the AAF was consistent with an applicable Therapeutic Use Exemption ("TUE"); or (b) whether there was any apparent departure from the International Standard for Testing and Investigations or International Standard for Laboratories that caused the AAF.
9. The Independent Review Board completed its review and confirmed unanimously to the ICC that there was no TUE or apparent departure, and therefore there was a case for YS to answer for a violation of Article 2.1 of the ICC Code, i.e., based on "*the presence of a Prohibited Substance or its Metabolites or Markers in a Player's Sample*".
10. The ICC therefore wrote to YS on 27th December 2015, informing him that he was charged with the commission of an anti-doping rule violation under Article 2.1 of the ICC Code, on the basis that Chlortalidone, a Prohibited Substance for which YS did not hold a valid TUE, had been found to be present in the A Sample of the urine specimen that he had provided in-competition in Abu Dhabi on 13th November 2015.
11. In the same letter, the ICC gave YS the option of having the B Sample of the same specimen analysed to see if it confirmed the AAF issued in respect of the A Sample. Further, the ICC informed YS that it was exercising its discretion under Article 7.8.2 of the ICC Code to

¹ Chlortalidone is sometimes referred to as *Chlorthalidone*. Indeed, the latter spelling appears on the relevant packaging in the case in question. However, throughout this Agreed Decision the former spelling has been used, which conforms to the spelling used in the 2015 WADA Prohibited List.

provisionally suspend him with immediate effect pending the determination of the charge. YS has fully respected that provisional suspension since that date.

Response to the Notice of Charge

12. YS responded to the ICC on 4th January 2016, stating that he did not wish to have his B sample analysed, thereby accepting the AAF issued in respect of the A Sample, i.e., accepting that Chlortalidone was present in his A Sample.
13. By way of further communication dated 15th January 2016, YS informed the ICC that, whilst he had never intended to enhance his sport performance or mask the use of any other Prohibited Substance, he accepted that his sample contained Chlortalidone and that he had therefore committed an anti-doping rule violation under the ICC Code.
14. By way of mitigation of sanction, YS submitted to the ICC that the presence of Chlortalidone in his A Sample was not the result of an attempt to cheat on his part, but rather resulted from his mistaken ingestion of a single dose of his wife's medication containing Chlortalidone, whilst thinking that he was ingesting his own blood pressure medication (which did not contain Chlortalidone or any other Prohibited Substances). More specifically, he stated that:
 - (a) He has suffered from high blood pressure in the past, and was prescribed Tenormin (a brand name of the generic drug Atenolol) in April 2013 by a doctor in Rawalpindi, Pakistan.
 - (b) His family has a history of high blood pressure and cardiac issues. His mother and father have both been prescribed medication for high blood pressure. In addition, two of his uncles have died of heart attacks in the past four years.
 - (c) His wife has also been diagnosed with high blood pressure. In October 2015, she was prescribed Tenoret, a brand name for a medication that contains 50mg of Atenolol and 12.5mg of Chlortalidone.
 - (d) Dr Sohail and Mr Robinson were both aware of YS's history of blood pressures issues, as well as his high level of personal concern for his cardiac health in light of his family's medical history. At YS's insistence, Dr Sohail had examined him during the Pakistan team's tour of Zimbabwe in early October 2015 and found that his blood pressure was slightly elevated, but had instructed him not to take any medication until he had conducted various blood tests in Lahore upon YS's return to Pakistan.
 - (e) YS travelled directly from Zimbabwe to the UAE for the Test and ODI series against England, whereas Dr Sohail returned from Zimbabwe to Pakistan. In Dr Sohail's absence, YS consulted with Mr Robinson regarding his blood pressure on several occasions whilst in the UAE. Mr Robinson stated that his blood pressure was only slightly higher than normal. He believed that YS was extremely if not irrationally

sensitive to the issue because of his family history, and that he had a tendency to panic regarding his blood pressure.

- (f) YS's wife was going to come from Pakistan to join YS in the UAE. In light of the concerns he had experienced regarding his blood pressure during the Zimbabwe tour, YS asked his wife to bring his blood pressure medication with her from Pakistan to the UAE. At that point, his wife had already left their home in Swabi, northern Pakistan, and so could not bring the specific medication (Tenormin) that had been prescribed to him previously. However, she remembered the brand name and so purchased a new batch of Tenormin medication (in the form of tablets, each containing 50mg of Atenolol) over the counter from a pharmacy in Pakistan, and brought it with her to the UAE, where she joined him at the team hotel. She put the Tenormin tablets in the same medicine pouch as she had put her own blood pressure medication (Tenoret).
 - (g) In the early hours of 11th November 2015 (the day of the 1st match of the ODI series against England in Abu Dhabi), YS woke at around 1.30am with a pounding inside his head and a burning sensation in his ears and cheeks. He felt like his head "was going to explode" and woke his wife, who confirmed that his face had turned red and that he was shaking.
 - (h) Although his wife tried to calm him down, YS was frantic, and she was terrified that something might happen to him. YS asked her to give him his blood pressure medication and she gave him the first blood pressure medication that she found in her medicine pouch. He swallowed one tablet along with a glass of water, and settled down within a quarter of an hour, going to sleep shortly afterwards.
 - (i) On 13th November 2015, YS played in the 2nd match of the ODI series between Pakistan and England, and underwent the drug testing after the match that is described above. As noted above, during the doping control process YS informed Pakistan team physiotherapist Bradley Robinson that he had taken a single blood pressure tablet some 4 days previously, which he told Mr Robinson had been given to him by his wife. However, YS could not remember the name of the medication.
 - (j) On 17th November 2015, YS informed Mr Robinson that he had subsequently been able to establish the name of the blood pressure medication given to him by his wife, and that this was 'Atenolol'. Upon investigation following notification of the AAF, however, YS subsequently established that his wife had, by mistake, given him one tablet of her own blood pressure medication containing Atenolol, Tenoret, rather than one tablet of YS's blood pressure medication containing Atenolol, Tenormin.
15. YS provided a considerable amount of evidence to support the above account, in the form of sworn statements from each of Dr Sohail, Mr Robinson, and YS's wife, together with accompanying exhibits including original medical prescriptions, copies of death certificates for

several of YS's family members, and both original and sample packages of the medication in question. The ICC has examined the blister packs containing the respective medications, and notes the similarities in physical properties between the two (both white tablets of identical size contained in a blister pack with the days of the week allocated to each). Photographs of the relevant medication are set out below:

Photograph A



Photograph B



16. In addition, the ICC has obtained the following independent evidence corroborating YS's account:

- a. It has confirmed that during the doping control process YS informed Pakistan team physiotherapist Bradley Robinson that he had taken a single blood pressure tablet some 4 days previously, which had been given to him by his wife with both (1) the Doping Control Officer who was in attendance at the time; and (2) with the ICC's Anti-Doping and Medical Officer, to whom Mr Robinson relayed his conversation with YS regarding the blood pressure medication whilst YS and the Doping Control Officer were completing the Doping Control Form.
- b. It has obtained confirmation from a renowned scientific expert that the ingestion of one tablet of Tenoret (containing 50mg of Atenolol and 12.5mg of Chlortalidone) at about 1.30 am on 11th November 2015 before provision of a urine sample at 11.19pm on 13th November 2015 is not inconsistent with the finding of Chlortalidone in that urine at an estimated concentration of 165 ng/ml.

Presumptive Sanction

17. Article 10.2 of the ICC Anti-Doping Code provides as follows:

10.2 Imposition of a Period of Ineligibility for the Presence, Use or Attempted Use, or Possession of a Prohibited Substance or Prohibited Method

The period of Ineligibility imposed for a violation of Article 2.1 (presence of Prohibited Substance or its Metabolites or Markers in a Sample), Article 2.2 (Use or Attempted Use of Prohibited Substance or Prohibited Method) or Article 2.6 (Possession of Prohibited Substances and Methods) that is the Player or Player Support Personnel's first offence shall be as follows, unless the conditions for eliminating or reducing the period of Ineligibility (as provided in Articles 10.4, 10.5 and 10.6) are met.

10.2.1 The period of Ineligibility shall be four years where:

(a) the anti-doping rule violation does not involve a Specified Substance, unless the Player or other Person can establish that the anti-doping rule violation was not intentional;

(b) the anti-doping rule violation involves a Specified Substance and the ICC establishes that the anti-doping rule violation was intentional;

10.2.2 If Article 10.2.1 does not apply, the period of Ineligibility shall be two years.

10.2.3 As used in Articles 10.2 and 10.3, the term "intentional" is meant to identify those Players or other Persons who cheat. The term, therefore, requires that the Player or other Person engaged in conduct which he or she knew constituted an anti-doping rule violation or knew that there was a significant risk that the conduct might constitute or result in an anti-doping rule violation and manifestly disregarded that risk. ...

18. As noted above, Chlortalidone is a Specified Substance. Furthermore, based on the foregoing evidence, the ICC is satisfied to the requisite standard (balance of probabilities) that the presence of Chlortalidone in YS's urine sample was caused by the inadvertent ingestion of YS's wife's medication in the circumstances described above. It is therefore also satisfied that there was no intent to cheat or to enhance sport performance. As a result, Article 10.2.1 does not apply, rather Article 10.2.2 applies, meaning that the presumptive period of Ineligibility for YS's Article 2.1 violation is two years, unless the conditions for eliminating or reducing the period of Ineligibility set out in Article 10.4, 10.5 or 10.6 are met.

No Fault or Negligence / No Significant Fault or Negligence

19. Article 10.4 of the ICC Anti-Doping Code provides as follows:

10.4 Elimination of the Period of Ineligibility where there is No Fault or Negligence

If a Player or other Person establishes in an individual case that he/she bears No Fault or Negligence in respect of the anti-doping rule violation in question, then the otherwise applicable period of Ineligibility shall be eliminated.

20. The ICC Anti-Doping Code defines 'No Fault or Negligence' (in Appendix 1) as follows:

"The Player or other Person's establishing that he/she did not know or suspect, and could not reasonably have known or suspected even with the exercise of utmost caution, that he/she had Used or been administered the Prohibited Substance or Prohibited Method or otherwise violated an anti-doping rule. Except in the case of a Minor, for any violation of Article 2.1, the Player must also establish how the Prohibited Substance entered his or her system."

21. Article 10.5.1.1 of the ICC Code states:

"Where the anti-doping rule violation involves a Specified Substance, and the Player or other Person can establish No Significant Fault or Negligence, then the period of Ineligibility shall be, at a minimum, a reprimand and no period of Ineligibility, and at a maximum, two years of Ineligibility, depending on the Player or other Person's degree of Fault."

22. The ICC Code defines 'No Fault or Negligence' (in Appendix 1) as follows:

"The Player or other Person's establishing that his/her Fault or negligence, when viewed in the totality of the circumstances and taking into account the criteria for No Fault or Negligence, was not significant in relationship to the anti-doping rule violation. Except in the case of a Minor, for any violation of Article 2.1, the Player must also establish how the Prohibited Substance entered his or her system."

23. The ICC Code defines 'Fault' (also in Appendix 1) as:

"any breach of duty or any lack of care appropriate to a particular situation. Factors to be taken into consideration in assessing a Player or other Person's degree of Fault include, for

example, the Player's or other Person's experience, whether the Player or other Person is a Minor, special considerations such as impairment, the degree of risk that should have been perceived by the Player and the level of care and investigation exercised by the Player in relation to what should have been the perceived level of risk. In assessing the Player or other Person's degree of Fault, the circumstances considered must be specific and relevant to explain the Player's or other Person's departure from the expected standard of behavior."

24. As noted above, the ICC accepts that YS has established (to the required standard, which is the balance of probabilities) how the Chlortalidone got into his system, namely through the blood pressure medication that he took in the early morning before the match. However, the ICC notes that the already stringent requirement of "*utmost caution*" is even greater when a player is taking medication (because of the obvious risk that the drugs contained in the medication may include Prohibited Substances).²
25. In assessing Fault in this case, the ICC considers the following factors to be relevant:
- (a) YS cannot claim lack of knowledge or education as an excuse. He was fully aware of his responsibilities as an international cricketer bound by the ICC Code, and had been provided with anti-doping education regarding the degree of care expected of those in his position with regards to the medication that they take. Indeed, he said that because he was aware of this requirement, his normal practice was to keep his medication separately from everything else in his travel bag.
 - (b) On the other hand, he has demonstrated that he has suffered from high blood pressure in the past, and that he did not simply self-medicate, but rather consulted with a doctor in Rawalpindi in April 2013 and was prescribed Tenormin (a brand name of the generic drug Atenolol), which was an appropriate medication to treat high blood pressure.
 - (c) Against that, in November 2015 YS self-medicated for his blood pressure issues (albeit in line with his prescription from April 2013), contrary to advice from Dr Sohail and Mr Robinson that he did not need to take medication at that point in time.
 - (d) YS had asked his wife to bring his Tenormin medication with her to the UAE. In his favour, he was unaware that his wife had recently been prescribed Tenoret and so had no cause to believe that any medication in her possession on 11th November 2015

² See ICC Anti-Doping Code Article 1.1.3 (a player is "*personally responsible for ... ensuring that anything he/she ingests or Uses, as well as any medical treatment he/she receives, does not give rise to an anti-doping rule violation under the ICC Code*") and Article 4.3.2 ("*Many of the substances on the Prohibited List may appear either alone or as part of a mixture within medications and/or supplements that may be available with or without a physician's prescription. ... It is the Player's responsibility to determine the status of the substance. In this regard, Players are reminded that, pursuant to Article 2.1.1, they are strictly liable for any Prohibited Substances present in Samples collected from them. Players must therefore ensure that Prohibited Substances do not enter or come to be present in their bodies and that Prohibited Methods are not Used*").

containing Atenolol would have been anything other than the Tenormin that he had previously been prescribed.

- (e) Nevertheless, and bearing in mind the stringent requirements of the duty of *"utmost caution"*, YS had failed to ensure that he followed his normal practice of keeping his medication separately in his travel bag on this occasion. The medication he had asked his wife to obtain for him was kept in her medicine pouch along with her own medication, and he subsequently accepted a tablet kept in that medical pouch, without asking her to check or to confirm that she was definitely giving him the right medication.
 - (f) Against that, there is some explanation for this lack of care. YS has demonstrated that his family medical history has instilled in him a deep-seated concern, bordering at times upon paranoia, that he may suffer cardiac-related health issues himself, including high blood pressure. And the situation in which he ingested the Chlortalidone was a particularly stressful one for YS. He was due to play an international match later that day and had woken up in the early hours of the morning in a state of extreme panic. His failure to meet the degree of care and investigation normally expected of an athlete subject to the ICC Code can be somewhat understood, though not completely excused, as a result of his anxiety at his condition and what he believed to be the limited time available to him to take the usual precautions.
 - (g) YS cannot escape responsibility by saying he relied on his wife to provide him the correct medication. See, e.g., *IAAF v AFI & Asisini et al*, CAS 2012/A/2763, award dated 30th November 2012, paragraph 9.22 (*"CAS jurisprudence is clear that athletes cannot shift their responsibility onto third parties simply by claiming that they were acting under instruction or they were doing what they were told... that would be all too simple and would completely frustrate all the efforts being made in the fight against doping"*). However, his wife's mistake (especially in such pressurized circumstances) was also understandable to a degree. The similarities in name, packaging and physical appearance between Tenormin (Atenolol) and Tenoret (Atenolol Chlortalidone) are numerous. The confusion between two branded blood pressure drugs containing the same first five letters in their name (both containing Atenolol) one of which contains an additional Prohibited Substance, is extremely unfortunate. It is also understandable to some degree.
26. In all of the circumstances, while it is clear that YS cannot be said to have used *"utmost caution"*, i.e., to have taken every practical step reasonably open to him to ensure that he did not take a Prohibited Substance either intentionally or inadvertently (e.g., as an ingredient of a medication), and therefore he cannot be said to have acted with No Fault or Negligence within the meaning of the ICC Code, on the other hand his departure from that standard in the specific and rather extreme and unique circumstances of this case (urgent and stressful circumstances that he considered in good faith to amount to an emergency) was understandable and in part

excusable, such that his "Fault" for his inadvertent ingestion of Chlortalidone was not "Significant" within the meaning of Article 10.5.1 of the ICC Code, and therefore discretion exists to reduce the presumptive two year sanction under Article 10.2.2 to a period of Ineligibility in the range of 0-24 months.

Period of Ineligibility

27. The ICC has carefully considered the factors set out above and reviewed other cases of inadvertent ingestion of Specified Substances under the WADA Code. In particular, it has taken the following cases into account as potentially appropriate comparators:

- a. USADA v Brunemann, AAA Panel decision dated 26th January 2009, para 9.8, where an athlete who took her mother's medication, mistakenly thinking it was a laxative, when in fact it contained diuretics, was found to be negligent, but was only banned for six months, for the following reasons: *"[she] took the pill without her mother's knowledge. She did not ask her mother about the contents of her mother's prescription medication bottle. She did not take any steps to ensure that the pill was a laxative or, even if it was a laxative, that the pill did not contain a Prohibited Substance. Had Respondent carefully inspected the bottle, she would have seen that the pills contained diuretics She did not consult USADA's 2008 Guide to Prohibited Substances and Prohibited Methods of Doping and Drugs before taking the pill. She did not call the USADA Drug Reference Hotline. She did not check USADA's website. Had she taken any of these steps, she would have discovered that triamterene and hydrochlorothiazide are banned substances. Given these facts, the Panel finds that Respondent was negligent. However, the Panel also finds that Respondent did not intend to cheat or enhance her sports performance. Respondent made an apparent one-time mistake that could have been avoided, and that was inconsistent with her otherwise clean anti-doping record"*.
- b. Armstrong v World Curling Federation, CAS 2012/A/2756, award dated 21st September 2012, para 8.46, where an athlete's negligence in mixing up his own medication with his wife's anti-cancer medication led the CAS to impose a six month sanction, with the CAS placing some weight on the fact that his mistake was partly due to the fact he was in a state of emotional stress following his wife's death.
- c. UCI v Kolobnev, CAS 2011/A/2645, award dated 29th February 2012, para 87, where the CAS imposed a reprimand and no ban, on the basis that *"the circumstances favourable to Kolobnev [in assessing his degree of fault] include the following: the use of the Product is not associated with sporting practice; the use of [the Product] was recommended on 26 June 2009 by Dr Petrov as part of the treatment for the vascular disease ... affecting Kolobnev"*. One of the factors that the CAS Panel said weighed against the athlete in the fault analysis in that case was that *"the circumstances of the use of the Product are not extraordinary and were not time-pressured: Kolobnev had time to calmly make substantial control and research with respect to the Product"*. That is not the case here.

28. The ICC also notes as a further factor in YS's favour that he promptly admitted the anti-doping rule violation once he had established the facts regarding his mistaken ingestion of Chlortalidone, has expressed significant remorse, and has fully cooperated with the ICC in the process leading to this outcome, with a significant resulting saving in time and costs, both of which are scarce resources in the fight against doping.
29. Based on the above, the ICC has determined that a period of Ineligibility of three (3) months is reasonable and appropriate in all of the circumstances of this case.
30. During the period of Ineligibility, Article 10.11 of the ICC Code states:

No Player or Player Support Personnel who has been declared Ineligible may, during the period of Ineligibility, play, coach or otherwise participate or be involved in any capacity in: (a) an International Match, ICC Event or activity (other than authorised anti-doping education or rehabilitation programs) authorised, organised, sanctioned, recognised or supported in any way by the ICC or any National Cricket Federation or a club or other member organisation of the ICC or any National Cricket Federation; (b) any Match or Event authorised or organised by any professional league or any international or national level tournament/Event organisation (whether or not the party authorising or organising the Match or event in question is a Signatory, any club or other body that is a member of, or affiliated to, or licensed by, a Signatory or a Signatory's member organisation); (c) any elite or national-level sporting activity funded by a governmental agency; or (d) a Competition or activity (other than authorized anti-doping education or rehabilitation programs) authorized or organized by any Signatory, Signatory's member organization, or a club or other member organization of a Signatory's member organization. Without prejudice to the generality of the foregoing, such Player or other Person shall not, during any period of Ineligibility, be given accreditation for, or otherwise granted access to, any International Match, ICC Event, function, event or activity of the type referred to in this Article and any such accreditation previously issued shall be withdrawn. National Cricket Federations shall take all steps within their powers to give effect to this Article 10.11.1.1. Furthermore, the ICC will take all necessary steps to have the period of Ineligibility recognised and enforced by other relevant parties, including other Signatories in accordance with Code Article 15.

Summary

31. In conclusion:
 - (a) YS accepts that he has committed an anti-doping rule violation under Article 2.1 of the ICC Code, in that a Prohibited Substance (Chlortalidone, which is a Specified Substance under the ICC Code) was present in the urine sample collected from him after the match on 15th November 2015;
 - (b) the ICC accepts that YS did not ingest Chlortalidone with intent to cheat, but rather ingested it inadvertently as part of a medication taken in urgent and stressful

circumstances that he considered in good faith to amount to an emergency, and in all the circumstances he bears No Significant Fault or Negligence for the consequent presence of Chlortalidone in his system at the time of the drug test;

- (c) a period of Ineligibility of three (3) months shall be imposed pursuant to Article 10.5.1.1;
- (d) in accordance with Article 10.10.3 of the ICC Code, the period of the Provisional Suspension imposed by the ICC in accordance with Article 7.8 (starting on 27th December 2015, as set out in paragraph 11) shall be credited against the total period of Ineligibility ultimately imposed, such that the period of Ineligibility shall expire at midnight on 26th March 2016;
- (e) YS's status during the period of ineligibility shall be as set out in Article 10.11 of the ICC Code (see above at paragraph 30);
- (f) in line with Article 8.4 of the ICC Code, the disciplinary proceedings brought by the ICC against YS are discontinued without the need for a further hearing; and
- (g) in line with Article 8.4 of the ICC Code, YS waives his right of appeal against the decision and the sanction set out herein.



David Richardson
Chief Executive
International Cricket Council
7th February 2016