



social development

Department
Social Development
REPUBLIC OF SOUTH AFRICA

Appeal Form

Social Assistance Act, 2004
ATT: Minister of Social Development
Independent Tribunal for Social Assistance
Private Bag X901 PRETORIA 0001

For office use only.

Form 1 : Appeal Form

Province :		District :	
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A : PERSONAL DETAILS OF APPELLANT

Identity Number of Appellant:

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NAMES	
SURNAME	

Physical Address	

Postal Address	

Please indicate (X) how you would like to be contacted:

SMS	<input type="checkbox"/>	Fax	<input type="checkbox"/>	Email	<input type="checkbox"/>	Phone	<input type="checkbox"/>
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Tel : Office Hours	
Tel : After Hours	
Cell :	
Fax :	
Email:	

B: DETAILS OF GRANT APPLICATION : SASSA

SASSA Office									
Date of Application									
Date of Rejection*									
Type of Grant (Mark with "X")	<table border="1"><tr><td>DG</td><td>OA</td><td>WV</td><td>FCG</td><td>CDG</td><td>CSG</td><td>GIA</td><td>SRD</td></tr></table>	DG	OA	WV	FCG	CDG	CSG	GIA	SRD
DG	OA	WV	FCG	CDG	CSG	GIA	SRD		

**If your appeal is lodged AFTER a period of 90 days from the date of receipt of SASSA's rejection, please attach a separate page providing the reasons for the late application of appeal. (Application for condonation)*

