



**D. Documentation to accompany appeal**

Copy of Identity Document	Yes	No	N/A
A copy of the decision issued by the Agency in relation to the grant application of an applicant or grant review of a beneficiary.	Yes	No	N/A
Previous and current medical reports which were presented to the Agency (SASSA) (# available)	Yes	No	N/A
Name of the hospital/clinic that you normally attend	Yes	No	N/A
Proof of income and/or assets	Yes	No	N/A
In the case of a person appealing on behalf of the beneficiary or applicant, a copy of the power of attorney or proof of his or her appointment by the applicant or beneficiary to act on his or her behalf	Yes	No	N/A
Any other relevant supporting documents (state what type of documentation)			

**E. Representative's details**

Names and Surname:												
Name of Organisation/ Firm: (where applicable)												
ID Number:												
Telephone No:	Fax No:											
Cell No:	Email Address:											

**F. Consent**

I hereby provide consent in terms of Section 13 and Section 20 of the Protection of Personal Information Act, 2013 (Act No 4 of 2013) that the Independent Tribunal for Social Assistance Appeals may request and share information from any person / institution which is necessary for the determination of my appeal.

Signature of applicant/beneficiary/representative: \_\_\_\_\_

Date: \_\_\_\_\_

Place: \_\_\_\_\_

OFFICIAL DATE STAMP OF RECEIPT