

## LODGING OF AN APPEAL

(Regulation 12(1))

(Section 18 of the Social Assistance Act 13 of 2004)

Independent Tribunal for Social Assistance Appeals
Private Bag X901 PRETORIA 0001
grantappeals@dsd.gov.za

For office use only.

Province:	Local Office:														
A. Personal	details (	of app	olicant	t or bene	eficiary										
Names and Surname:		:													
ID Number:															
Nationality:									Ger	nder:		М		F	
Telephone No	ne No:		Fax No:				Cell	No:		E	Email Address:				
Physical Address:							A								
Postal Address:															
B. Details of grant application															
(SASSA) Agency Office:															
Date of Application:			Date of Rejection:												
Type of Grant "(mark with x)"															
Disability	Older Persons	S	War	Veteran	Foster	Child	Ca De	re pendency	Ch	nild ipport		Grant In	Aid	Social R of Distre	
C. Reasons I	or appe	eal													
Reasons why you disagree with the decision of the Agency (SASSA): (If the space provided is insufficient, please attach a separate page to this form and clearly indicate that a separate page(s) is attached).															
	N.														

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) (if 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 Act, 2013 (Act No 4 of 2013) that the Independent Tribunal for Social Assistance Appendent Information from any person / institution which is necessary for the determinant	oeals ma	y reques	t and
Signature of applicant/beneficiary/representative: Date:		Place:	

OFFICIAL DATE STAMP OF RECEIPT