

LODGING OF AN APPEAL

Form 1

(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:	Province: Local Office:								
A. Personal details of applicant or beneficiary									
Names and Surname:									
ID Number:									
Nationality:				Gender:	М	F			
Telephone No:	Fax No:		Cell No:		Email Address:				
Physical Address:									
Postal Address:									
B. Details of grant applica	ation	500	TO SERVICE STREET	- PEG	1972	8.07.			
(SASSA) Agency Office:	The I								
Date of Application:			Date of R	tejection:					
Type of Grant "(mark with	1000								
Disability Older Persons	War Veteran	Foster Child	Care Dependency	Child Support	Grant In Aid	Social Relief of Distress			
C. Reasons for appeal	THE RES	TOT LITE	T 3 00	THE PARTY	7000				
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).									
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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