

LODGING OF AN APPEAL Form 3

(Regulation 14(1))

[Section 18(1A) of the Social Assistance Act 13 of 2004]

Independent Tribunal for Social Assistance Private Bag X901 PRETORIA 0001

For office use only.

Province:	Local Office:													
A. Personal o	details of a	pplic	ant or be	neficiary										
Names and	Surname:							- 199						
ID Number:														
Nationality:						Gender:			M			F		
Telephone No:		Fa	ax No:			Cell No:			Email Address:					
Physical Add														
Postal Address:														
B. Details of grant application and application for reconsideration														
SASSA Office:														
Date of Grant Application:						Date of Grant Rejection:								
Date of Application for Reconsideration:						Mary Colony	Date of reconsidered outcome by SASSA:							
Type of Gran	Type of Grant "(mark with x)"													
Disability Older Persons'		1	War Veteran Foster Ch		ld Care Dependency			Child Gra Support		Gran	t In Aid	Social Relief of Distress		
C. Reasons	for appeal													
													olease attach	
a separate p	age to this	torn	n and clea	arly indic	ate ti	nat a	separa	ite pa	ge(s) is	attac	nea).			
	-													
										1.00				

D. Documentation to accompany appear							
Copy of Identity Document	Yes	No	N/A				
Proof of application for reconsideration to SASSA	Yes	No	N/A				
A copy of a letter of rejection or approval of application for reconsideration by SASSA	Yes	No	N/A				
Previous and current medical reports which were presented to 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 (For Means test related appeal)	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:							

F Consent

Cell No:

Telephone No:

I hereby provide consent that ITSAA may request information of my appeal.	mation from any pers	son/institution which is
Signature of applicant/beneficiary/representative:	Date:	Place:

Fax No:

Email Address:

OFFICIAL DATE STAMP OF RECEIPT

Once Appeal form is completed, please submit it (including Condonation application if necessary), at your nearest SASSA or ITSAA office, or use the details below to submit your appeal.

Department of Social Development Independent Tribunal for Social Assistance Appeals (ITSAA) Private Bag X901 Pretoria 0001

Fax: 086 534 3124 or 086 216 3711 E-mail: grantappeals@dsd.gov.za