

Signature of applicant/beneficiary/representative:

APPLICATION FOR CONDONATION FOR LATE APPEAL

(Regulation 15)

Place:

Date:

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

Independent Tribunal for Social Assistance Private Bag X901 PRETORIA 0001

	applicant or benefi	Giai y			
Names and Surname:				-1.00	
ID Number:					
Nationality:			Gender:	M	F
Telephone No:	Fax No:	Cell No:		Email Address:	
					22 7
Physical Address:					
Postal Address:					
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					-50 "
3. Reasons for late loc	lging of an appeal				
Reasons for applicatio	n for condonation	as contemplated in	regulation 15(2):		
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			Total of the		RIVE
		ase attach a separa	te page to this fo	rm and clearly indic	cate that
(If the space provided separate page(s) is at C. Documentation to a	tached).		te page to this fo	rm and clearly indic	cate that

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