



labour

Department:  
Labour  
REPUBLIC OF SOUTH AFRICA



## Notice of appeal against a decision of a Claims Officer

Application in terms of section 37(1) read with regulation 8(1)

A person entitled to benefits in terms of the Act may appeal against a decision of a claims officer relating to the payment or non-payment of benefits.

This Notice of appeal must be sent to:

The Regional Appeals Committee c/o The Office of the Provincial Executive Manager Department of Labour  <hr/> <hr/> <hr/>	<b>OFFICE STAMP</b>
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### 1. Personal details

- 1.1 Name \_\_\_\_\_
- 1.2 ID number \_\_\_\_\_
- 1.3 Passport number \_\_\_\_\_
- 1.4 Residential address \_\_\_\_\_
- 1.5 Postal address \_\_\_\_\_
- 1.6 E mail address \_\_\_\_\_
- 1.7 Tel number (include the code) \_\_\_\_\_
- 1.8 Cell number \_\_\_\_\_

### 2. Employer details

- 2.1 Name of employer (prior to unemployment) \_\_\_\_\_
- 2.2 UIF reference number \_\_\_\_\_
- 2.3 Physical address \_\_\_\_\_
- 2.4 Postal address \_\_\_\_\_
- 2.5 E mail address \_\_\_\_\_
- 2.6 Tel number \_\_\_\_\_
- 2.7 Fax number \_\_\_\_\_

**3. Decision appealed against**

3.1 What decision are you appealing against?

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3.2 Which body made the decision?

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3.3 When was the decision made?

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3.4 When were you notified about the decision?

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3.5 Why are you appealing against the decision?

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3.6 In what respects do you think the decision is incorrect or unfair?

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3.7 What outcome do you seek from this appeal?

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Signature \_\_\_\_\_

Date \_\_\_\_\_

**KINDLY NOTE THAT THE APPEAL MUST BE LODGED IN WRITING WITHIN 90 DAYS OF RECEIVING THE REFUSAL/SUSPENSION NOTICE.**

**For official purposes**

On the \_\_\_\_\_ the Regional Appeals Committee decided that the appeal was

Ä Successful

Ä Unsuccessful because \_\_\_\_\_

Signature of chairperson: \_\_\_\_\_ Date \_\_\_\_\_