



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/>	OFFICE STAMP
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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?

3.2 Which body made the decision?

3.3 When was the decision made?

3.4 When were you notified about the decision?

3.5 Why are you appealing against the decision?

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

3.7 What outcome do you seek from this appeal?

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

Successful

Unsuccessful because _____

Signature of chairperson: _____ Date: _____