

## ANNEXURE A

## FORM 1

**APPLICATION FOR RECONSIDERATION**  
(Regulation 2(1))  
[Section 18(1) of the Social Assistance Act 13 of 2004]

**A. PERSONAL DETAILS OF APPLICANT OR BENEFICIARY**

Surname:	Full Names:		
ID Number:	Nationality:	Gender: M	F
Tel No:	Fax No:	Email:	Cell No:
Physical Address			
Postal Address			

**B. DETAILS OF GRANT APPLICATION: AGENCY**

Agency Office:	Date of Application:	Date of Rejection:					
Type of Grant (Mark with "X")							
Disability	Older Persons'	War Veterans	Foster Child	Care Dependancy	Child Support	Grant In Aid	Social Relief of Distress

**C. REASONS FOR REQUEST FOR RECONSIDERATION**

Reasons why you disagree with the decision of the Agency: (If the space provided is insufficient, please attach a separate page to this form. (Please sign and date the separate page).

**Reasons:**

.....  
 .....  
 .....

Separate page attached (Please indicate with an X)	YES	NO
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**D. DOCUMENTATION TO ACCOMPANY APPLICATION**

Copy of a letter of rejection or approval of social assistance application by the Agency;	Copy of the power of attorney or letter of appointment by the applicant or beneficiary;	Previous and current medical reports which were presented to the Agency (if available);	Proof of grant application to Agency (Receipt issued by Agency);
Proof of income and/or assets	Any other relevant document in relation to the application; and state what type of documentation).		

**E. REPRESENTATIVE'S DETAILS**

Surname:	Full Names:		
ID No:	Nationality:	Gender	
Telephone No:	Fax No:	Cell No:	Email Address:

\_\_\_\_\_  
 Signature of applicant/ beneficiary/  
 representative

\_\_\_\_\_  
 Place

\_\_\_\_\_  
 Date

OFFICIAL DATE STAMP OF RECEIPT: