GOVERNMENT NOTICE

DEPARTMENT OF SOCIAL DEVELOPMENT

No. R. 746 **19 September 2011**

REGULATIONS UNDER THE SOCIAL ASSISTANCE ACT, 2004, ACT NO. 13 OF 2004 AS AMENDMENT

REGULATIONS RELATING TO THE LODGING AND CONSIDERATION OF APPLICATIONS FOR RECONSIDERATION OF SOCIAL ASSISTANCE APPLICATION BY THE AGENCY AND SOCIAL ASSISTANCE APPEALS BY THE INDEPENDENT TRIBUNAL.

The Minister of Social Development has, in terms of section 32 of the Social Assistance Act, 2004 (Act No. 13 of 2004), as amended, made regulations set out in the schedule hereto.

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CHAPTER 1

DEFINITIONS

1. Definitions and Interpretation

In these Regulations, any word or expression to which a meaning has been assigned in the Act shall have the meaning so assigned and unless the context otherwise indicates –

"**medical practitioner**" means "medical practitioner" as defined in the Health Professions Act,1974 (Act No. 56 of 1974) as amended;

"**the Act**" means the Social Assistance Act, 2004 (Act No. 13 of 2004) as amended from time to time;

"**2008 Regulations**" means the Regulations made in terms of section 32 of the Social Assistance Act, 2004, relating to the application for and payment of social assistance and the requirements or conditions in respect of eligibility for social assistance, published in Government Gazette No. 31356 dated 22 August 2008, Government Notice No. R. 898 in Government Gazette 8948, as amended;

CHAPTER 2

APPLICATION FOR RECONSIDERATION AND CONSIDERATION OF THE APPLICATION

Application for reconsideration

[Section 18(1)]

2.(1) An applicant, beneficiary or a person acting on his or her behalf, who disagrees with the decision by the Agency as contemplated in section 18(1) may apply to the Agency in terms of section 18(1) of the Act requesting the Agency to reconsider its decision in a form similar to **Form 1** in **Annexure A** to these regulations.

(2) A reconsideration contemplated in sub-regulation (1):

(a) must be lodged with the Agency;

(b) may be delivered by hand, post, fax or electronic mail; and

(c) must be accompanied by all documents indicated in **Form 1**.

(3) An application contemplated in sub-regulation (1) must, subject to sub-regulation (4) (a) (i) or (ii), be based on the same information which was supplied to the Agency.

(4)(a) The information contemplated in sub-regulation (3) must, in the case of -

(i) an applicant, be the same information which was provided to the Agency when the application on which the request for reconsideration is based was made; and

(ii) a beneficiary, be the same information which was provided to the Agency when the review contemplated in Regulations 27 of the 2008 Regulations was made; and be based on the information provided by the social worker to the Agency as contemplated in regulation 28(3) (d) and (e) of the 2008 Regulations when the Agency refused to authorize the continuation of the payment of the foster child grant;

(b) The information contemplated in sub-regulation (3) may be accompanied by:

(i) any document provided by the Agency as proof of receipt of an application for social assistance;

(ii) a copy of a letter of rejection or approval, by the Agency, of an application for social assistance;

(iii) any other relevant document in relation to the application; and

(iv) In the case of a person applying 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.

Consideration of an application for reconsideration

3.(1) The Chief Executive Officer of the Agency or his or her delegate must, subject to sub-regulation (3), assign such number of officials as may be necessary to consider applications contemplated in regulation 2.

(2) An official contemplated in sub-regulation (1) must occupy a position that is higher in rank to that of the official or officials who considered the application in respect of which the applicant or beneficiary or a person acting on his or her behalf is requesting reconsideration.

(3) An official contemplated in sub-regulation (1) shall consider an application contemplated in regulation 2 sitting alone.

(4) The Agency must, within 90 days of receipt of an application contemplated in regulation 2 and after consideration of the application-

(a) uphold the application;

(b) dismiss the application and provide reasons thereof in a form contemplated in sub-regulation (5) or.

(c) Vary the Agency's decision

(5) The decision and reasons thereof contemplated in sub-regulation (4) must be communicated, within the period stipulated in sub-regulation (4), to the person

referred to in regulation 2(1) in a form similar to **Form 2** in **Annexure A** to these regulations.

(6) In the case where the Agency fails to reconsider its decision within the stipulated period of receipt of such an application for reconsideration, the Agency is regarded to have confirmed the decision leading to the application for reconsideration by the applicant, beneficiary or person acting on his or her behalf.

(7) An applicant, beneficiary or a person acting on his or her behalf, may, by means of a written notice, at any time prior to the finalisation of the re-consideration by the Agency, withdraw such application for re-consideration in a form similar to **Form 12** in **Annexure A** to these regulations.

CHAPTER 3

APPOINTMENT AND COMPOSITION OF INDEPENDENT TRIBUNAL

Appointment

4. The appointment of members to the Independent Tribunal, to consider appeals as contemplated in section 18(1A) of the Act, must be done in accordance with the terms and conditions as the Minister may determine.

Composition

5. (1) The Independent Tribunal considering an appeal, subject to sub-regulation (2) and (3) is constituted by:

(a) a legal practitioner as the chairperson;

(b) a medical practitioner as an assessor; and

(c) a member of civil society.

(2) A medical practitioner may only form part of the Independent Tribunal in respect of an appeal on disability, care dependency, war veteran's or grant-in-aid grant.

(3) A member of civil society may only form part of the Independent Tribunal in respect of an appeal against the decision of the Agency relating to a social relief of distress grant.

Qualifications and experience of members of Independent Tribunal

Legal practitioner

6. The legal practitioner as contemplated in regulation 5 (1) (a) must be a person:

(a) who is an admitted attorney, advocate of the High Court of South Africa or a person with experience in the administration of law;

(b) who has at least five years post admission experience in the practise of law or at least five years post graduate experience in the administration of law;

(c) who, in the case of an Advocate or Attorney, has not been struck off the roll of Attorneys or Advocates;

(d) who is a fit and proper person to consider appeals in terms of section 18(2)(b) of the Act;

(e) whose appointment will not give rise to a conflict of interests; and

(f) who is not in the full-time or part-time employ of the Agency.

Medical practitioner

7. A medical practitioner as contemplated in regulation 5(1) (b) must be a person:

(a) who is registered with the Health Professions Council of South Africa;

(b) who has at least five years post-registration experience in the practise of medicine;

(c) whose registration with the Health Professions Council of South Africa has not been revoked;

(d) who is fit and proper to make assessments in relation to appeals in terms of section 18(2)(b) of the Act ;

(e) who is not in the full-time employ of the public health service or in the full-time or part-time employ of the Agency; and

(f) whose appointment will not give rise to a conflict of interests.

Member of civil society

8. A member of civil society as contemplated in regulation 5(1) (c) must be a person –

(a) of good standing in the community; and

(b) whose appointment will not give rise to a conflict of interest.

CHAPTER 4

ROLES AND POWERS OF MEMBERS OF THE INDEPENDENT TRIBUNAL

Legal Practitioner

9. The legal practitioner is responsible for -

(1) deciding and ruling whether or not an appeal is to be upheld after consultation with the medical practitioner in respect of appeals contemplated in sub-regulation 5(2) and a member of civil society in respect of an appeal contemplated in sub-regulation 5(3);

(2) recording the decision of the Independent Tribunal and the reasons therefore; and

(3) signing off on the decision and reasons contemplated in sub-regulation (2).

Medical Practitioner

10. The medical practitioner is responsible for-

(1) the assessment of all medical aspects of appeals in respects of grants contemplated in regulation 5 (2);

(2) advising the legal practitioner on all medical aspects of the appeals contemplated in sub-regulation (1); and

(3) making recommendations in respect of appeals contemplated in regulation 5(2).

Member of civil society

11. The member of civil society is responsible for advising the Independent Tribunal on the socio-economic aspects of the appellants in respect of an appeal contemplated in sub regulation 5(3).

Powers of Independent Tribunal

12. (1) The Independent Tribunal has the power to-

(a) consider all applications for appeal by applicant, beneficiary or a person acting on his or her behalf in terms of section 18(1A) of the Act.

(b) in an instance where it is adjudicating an appeal by the applicant, beneficiary or a person acting on his or her behalf and it is not satisfied with the reasons provided by the applicant, beneficiary or a person acting on his or her behalf, request further written reasons from the applicant, beneficiary or a person acting on his or her behalf, in a form similar to **Form 8A** in **Annexure A** of these regulations, to be

submitted within a period of 15 days from the date of receipt of the request by the applicant, beneficiary or a person acting on his or her behalf.

(c) if it is not satisfied with the reasons provided by the Agency for rejecting the beneficiary's or applicant's request for reconsideration, request the Agency to provide further written reasons for its decision for rejecting the request for reconsideration in terms of section 18(1) of the Act.

(d) give directions to any party to the appeal regarding any matter within its jurisdiction in connection with that appeal.

(e) at any time, request any person or institution to furnish any written information which is necessary for the determination of the appeal.

(f) refer the applicant, beneficiary or a person acting on his or her behalf for a second and independent medical examination or opinion in terms of regulation 18(1).

(g) postpone the hearing for the consideration of an appeal to such date as it may determine subject to regulation 16(2); and

(h) consider an appeal relating to the failure of the Agency to reconsider its decision as contemplated in regulation 3(6).

(2) The 90 days period referred to in regulation 16(2) will be interrupted by the 15 days period referred to in sub-regulation 1(b) and/or by the 30 days period referred to in regulation 18(8).

(3) The Independent Tribunal upon receipt of the reasons as contemplated in sub-regulation (1)(b) and (c), the information referred to in sub-regulation 1(e) or the medical report contemplated in regulation 18(5) and after consideration of the appeal may act in accordance with section 18(2)(b) of the Act.

Ethical conduct of members of Independent Tribunal

13. (1) All members of the Independent Tribunal must, in performing their functions and duties —

(a) maintain a high standard of integrity;

(b) respect the confidentiality of information of all parties to an appeal;

(c) maintain acceptable standards of professionalism and ethics; and

(d) recuse themselves where there is conflict of interest.

(2) In an instance where a member of the Independent Tribunal is a member of a professional body he or she must observe the ethical rules applicable to members of such a body.

CHAPTER 5

LODGING OF APPEAL AND CONDONATION

Lodging of appeal

[Section 18 (1A)]

14. (1) An applicant, beneficiary or a person acting on his or her behalf, who disagrees with the decision and reasons of the Agency and wishes to appeal that decision, must subject to regulation 2, lodge an appeal in terms of section 18(1A) of the Act to the Independent Tribunal, in a form similar to **Form 3** in **Annexure A** to these regulations.

(2) An appeal contemplated in sub-regulation (1):

(a) must be lodged with the Independent Tribunal;

(b) may be delivered by hand, post, fax or electronic mail; and

(c) must be accompanied by documents required under **Form 3** in **Annexure A** to these regulations.

(3) When lodging an appeal as contemplated in sub-regulation (1) the applicant, beneficiary or a person acting on his or her behalf must not be allowed to produce any evidence or information which was not provided to the Agency at the time of application for social assistance.

Condonation of late lodging of appeal

15. (1) The Independent Tribunal may, upon application for condonation by persons contemplated in regulation 14(1), condone an application for appeal lodged after a period of 90 days, upon good cause shown.

(2) In deciding whether good cause has been shown for condonation of a late application for an appeal, the Independent Tribunal must take the following factors into account:

(a) the reason for the delay;

(b) whether it is in the interest of justice that condonation be granted; and

(c) if there are reasonable prospects of success.

(3) An application contemplated in sub-regulation (1) must be in a form similar to **Form 4** in **Annexure A** to these regulations.

CHAPTER 6

CONSIDERATION OF APPEAL

16. (1) An appeal contemplated in regulation 14 (1) must be conducted:

(a) in the absence of the applicant, beneficiary or a person acting on his or her behalf; and

(b) by means of consideration of documentary evidence submitted by the Agency and the applicant, beneficiary or a person acting on his or her behalf.

(2) An appeal must, subject to regulation 19(5), 12(1)(b) or 18(8) be finalised within a period of 90 days from the date on which the appeal was received by the Independent Tribunal.

Decision by the Independent Tribunal

17. The Independent Tribunal must, after having due regard to the documents contemplated in regulation 2(4) and **Form 3** in **Annexure A** to these regulations act in terms of regulation 12 (2).

Medical Examination of Applicant or Beneficiary

18. (1) The Independent Tribunal must, where it is unable to make a decision due to the insufficiency, inconclusiveness or contradictory nature of the information contained in a medical report provided by the Agency or the applicant, beneficiary or a person acting on his or her behalf refer the applicant, beneficiary or a person acting on his or her behalf to a second and independent medical examination or opinion.

(2) Before an applicant, beneficiary or a person acting on his or her behalf is referred for a second and independent examination or opinion as contemplated in sub regulation (1) the chairperson of the Independent Tribunal must summon the applicant, beneficiary or a person acting on his or her behalf, in a form similar to **Form 5** in **Annexure A** to these regulations to appear before it.

(3) When the applicant, beneficiary or a person acting on his or her behalf appears before the Independent Tribunal as contemplated in sub-regulation (2) the chairperson must:

(a) inform him or her of the reasons for the referral;

(b) inform him or her of the date and address to which a medical examination will take place;

(c) inform him or her that he or she must submit such medical report within a period of 30 days from the date of being informed of such referral; and

(d) make him or her aware that, if he or she fails to submit himself or herself to a medical examination referred to in sub regulation (1) or submit a medical report based on the said medical examination, the Independent Tribunal will continue to consider and finalise the appeal without such a medical report.

(4) The medical report contemplated in sub regulation (1) must be in a form similar to **Form 6** in **Annexure A** to these regulations.

(5) The applicant or beneficiary who has undergone the medical examination must submit such a medical report to the Independent Tribunal.

(6) The Independent Tribunal must, upon receipt of a medical report as contemplated in sub-regulation (5) consider the appeal and act in terms of regulation 12(2).

(7) The Independent Tribunal must, subject to sub-regulation (10), upon receipt of a medical report referred to in sub-regulation (5), act in accordance with the provisions of regulation 12(2).

(8) Where an applicant, or beneficiary fails to attend a medical examination despite having been summoned as contemplated in sub-regulation (1), or fails to submit the required medical report referred to in sub-regulation (5) within a period of 30 days of being summoned as contemplated in sub-regulation (5), the Independent Tribunal may proceed with the consideration of the appeal in the absence of the medical report.

(9) A medical examination referred to in this regulation must be based on and relate to the applicant's or beneficiary's medical condition as it had been at the time when the application for a social grant was rejected by the Agency.

(10) Where the medical report as contemplated in sub-regulation (1) concludes that the applicant or beneficiary, as at the time of rejection of the application for the grant, had a disability, the Independent Tribunal must uphold the appeal.

CHAPTER 7

ADMINISTRATION OF APPEALS

Receipt, acknowledgement and request for further information

19. (1) The Independent Tribunal is responsible to -

(a) receive and register appeals in an appeals register;

(b) within a period of seven days from date of receipt, acknowledge receipt of an appeal in a form similar to **Form 7A** in **Annexure A** to these regulations;

(c) prepare files for the adjudication of appeals by ensuring that all relevant and supporting documentation as may be required in respect of a particular social grant are included in such files;

(d) assess the accuracy, validity and reliability of supporting documentation; and

(2) The Independent Tribunal may request the Agency to provide any document referred to in regulation 12(1)(c) or (e)

(3) The Independent Tribunal may request the applicant, beneficiary or a person acting on his or her behalf to provide any document referred to in regulation 14(2)(c).

(4) The Independent Tribunal must -

(a) upon receipt of further written reasons as contemplated in regulation 12(1)(b), acknowledge receipt thereof in a form similar to **Form 8B** in **Annexure A** to these regulations.

(b) in a case of a referral for a medical examination provide the applicant, beneficiary or a person acting on his or her behalf with a date and venue of the medical examination in a form similar to **Form 5** in **Annexure A** to these regulations; and

(c) must schedule the appeal for consideration.

(5) The documents referred to in sub-regulation (3) must be submitted to the Independent Tribunal within 15 days from date of receipt of the request.

(6) The Independent Tribunal shall, upon receipt of all documents referred to in sub-regulation (3), acknowledge receipt in a form similar to **Form 7B** in **Annexure A** to these regulations

(7) The 90 days period referred to in regulation 16(2) will only start running from date of receipt by the Independent Tribunal of all documents required under sub-regulation (3).

Communication of decision

20. (1) The Independent Tribunal must communicate the decision and reasons thereof in respect of an appeal to an applicant, beneficiary or a person acting on his or her behalf and to the Agency, in a form similar to **Form 9** in **Annexure A** to these regulations.

(2) The communication of the decision must be delivered to the address provided by the applicant, beneficiary or a person acting on his or her behalf in his or her form for an application for appeal or by any other method as indicated by the applicant, beneficiary or a person acting on his or her behalf.

(3) Upon receipt of the finding of the Independent Tribunal by the Agency as contemplated in sub regulation (1), the Agency must implement such finding within a period of 14 days of receipt thereof.

Application which does not constitute an appeal

21. (1) The Independent Tribunal must, upon receipt of the application which does not constitute an appeal as contemplated in section 18(1A) of the Act read with regulation 14:

(a) remove the matter from the schedule if it was already scheduled; and

(b) notify the applicant, beneficiary or person acting on his or her behalf that such an application does not constitute an appeal and the reasons thereof in a form similar to **Form 10** in **Annexure A** to these regulations;

(2) The Independent Tribunal shall not be obliged to consider an application as contemplated in sub-regulation (1).

Withdrawal of an appeal

22. An applicant, beneficiary or a person acting on his or her behalf may, by means of a written notice, at any time prior to the finalisation of the appeal by the Independent Tribunal, withdraw such an appeal in a form similar to **Form 11** in **Annexure A** to these regulations.

Record keeping

23. (1) A copy of the appeal documents, including notification of decision, record of proceedings and copies of the Agency's file should be retained by the Independent Tribunal for a period of five years from the date of communication of the outcome of the appeal.

(2) The Independent Tribunal is the custodian of the appeal documents.

Legal Notice

24. In the event that any legal notice or litigation against the minister, in connection with any matter prescribed in these Regulations and the 2008 Regulations, is contemplated, service of such notice must be addressed and delivered to the Chief Director Legal Services for the Department of Social Development at the following address:

Private Bag X901

PRETORIA

0001

Commencement

25. These Regulations come into effect on 3 October 2011.

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 Veteran	Foster Child	Care Dependency	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

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:

FORM 2

NOTIFICATION OF OUTCOME OF CONSIDERATION OF AN APPLICATION FOR RECONSIDERATION
(Regulation 3 (5))
[Section 18(1) of the Social Assistance Act 13 of 2004]

TO: _____

Address:

Dear Sir / Madam

Pursuant to section 18(1) of the Social Assistance Act, 13 of 2004, this serves to inform you of the outcome of your application for reconsideration of the Agency's decision.

A. PERSONAL DETAILS OF APPLICANT OR BENEFICIARY

Name and Surname	
ID Number	

B. DETAILS OF GRANT APPLICATION AND APPLICATION FOR RECONSIDERATION

Agency Office:				Date of Application:			Date of Rejection:
Date of Application For Reconsideration:				Date of Rejection of Application for reconsideration			
Type of Grant (Mark with "X")							
Disability	Older Persons'	War Veteran	Foster Child	Care Dependency	Child Support	Grant In Aid	Social Relief of Distress

C. OUTCOME OF APPLICATION FOR RECONSIDERATION

The outcome of your application for reconsideration is as follows:

□ application upheld.

□ application dismissed.

Reasons:----------

If you wish to appeal against the above decision, you may appeal to the Minister of Social Development, in terms of Regulation 14 in a form similar to **Form 3**, against such decision within ninety (90) of gaining knowledge of such decision. The appeal must be sent to:

DEPARTMENT OF SOCIAL DEVELOPMENT
INDEPENDENT TRIBUNAL FOR SOCIAL ASSISTANCE APPEALS
PRIVATE BAG X901
PRETORIA
0001

CHIEF EXECUTIVE OFFICER
SOUTH AFRICAN SOCIAL SECURITY AGENCY
DATE:

Signature or thumb print of recipient (if hand- delivered) **Date**

Print Name

FORM 3

LODGING OF AN APPEAL
(Regulation 14(1))
[Section 18(1A) of the Social Assistance Act 13 of 2004]

For office use only:

Province:	**Local Office:**

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 AND APPLICATION FOR RECONSIDERATION

Agency Office:				Date of Application:			Date of Rejection:
Date of Application For Reconsideration:				Date of Rejection of Application for reconsideration			
Type of Grant (Mark with "X")							
Disability	Older Persons'	War Veteran	Foster Child	Care Dependency	Child Support	Grant In Aid	Social Relief of Distress

C. REASONS FOR APPEAL

Reasons why you disagree with the decision of the Agency: (If the space provided is insufficient, please attach a separate page to this form and clearly indicate that a separate page(s) is attached).

D. DOCUMENTATION TO ACCOMPANY APPEAL

Copy of Identity Document;

Proof of application for reconsideration to Agency;

A copy of a letter of rejection or approval of application for reconsideration by the Agency

Previous and current medical reports which were presented to the Agency (if available);

Name of the hospital/clinic that you normally attend.

Proof of income and/or assets: 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;

Any other relevant supporting documents (state what type of documentation).

E. REPRESENTATIVE'S DETAILS

Name and Surname			
Name of Organisation/Firm (where applicable)			
ID Number			
Telephone No:	Fax No:	Cell No:	Email Address:

_____	_____	_____
Signature of applicant/beneficiary/ Representative	**Place**	**Date**

OFFICIAL DATE STAMP OF RECEIPT:

FORM 4

APPLICATION FOR CONDONATION FOR LATE APPEAL
(Regulation 15)
[Section 18(1A) of the Social Assistance Act 13 of 2004]

A. PERSONAL DETAILS OF APPLICANT OR BENEFICIARY

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

B. REASONS FOR LATE LODGING OF AN APPEAL

Reasons for application for condonation as contemplated in regulation 15(2):

(If the space provided is insufficient, please attach a separate page to this form and clearly indicate that a separate page(s) is attached).

C. DOCUMENTATION TO ACCOMPANY CONDONATION APPLICATION

FORM 3 (Application for Appeal)

All documents required under Form 3

Signature of applicant/beneficiary/ Representative **Place** **Date**

FORM 5

SUMMON TO APPEAR BEFORE THE INDEPENDENT TRIBUNAL
(Regulation 18(2))
[Section 18(1A) 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			

You are hereby summoned to appear before the Independent Tribunal on----------
(Date)----------(Time) at----------

----------(Venue).

The purpose of your appearance is to notify you of the medical examination which you have to undergo prior finalisation of your appeal which you lodged on----------.

.....

(ITSAA official)

ITSAA date stamp:

FORM 6

REFERRAL FORM FOR SECOND MEDICAL EXAMINATION OR OPINION
(Regulation 18 (4))

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 AND APPLICATION FOR RECONSIDERATION

Agency Office:				Date of Application:			Date of Rejection:
Date of Application For Reconsideration:				Date of Rejection of Application for reconsideration			
Type of Grant (Mark with "X")							
Disability	Older Persons'	War Veteran	Foster Child	Care Dependency	Child Support	Grant In Aid	Social Relief of Distress

C. REFERRAL

In accordance with regulation 18, the above mentioned applicant or beneficiary is hereby referred for a second and independent medical examination or opinion as follows:

Date of Medical Examination:	Time:	Telephone Number:
Venue: Physical Address:		
Name of medical practitioner:		

D. SECOND MEDICAL EXAMINATION OR OPINION

EXISTANCE OF DISABILITY:		
Is disability certified?	**Yes**	**No**
NATURE OF DISSABILITY		

Medical Doctor's signature and stamp

FORM 7A

ACKNOWLEDGEMENT OF RECEIPT OF APPEAL AND REQUEST OF FURTHER DOCUMENTS
(Regulation 14(2) (c) read with Regulation (19(1)(b) and (2))
[Section 18(1A) of the Social Assistance Act 13 of 2004]

To: _____

Address:

Dear Sir / Madam

This is to acknowledge receipt of your appeal dated_____ which was received by the Independent Tribunal on_____.

[1]You did not provide us with all the necessary documents required in terms of **Form 3**. Please be informed that the Independent Tribunal will not be able to consider your appeal until such time that you have submitted the following documentation:

Further note that in terms of regulation 19(7) the 90 days period contemplated in regulation 16(2) will only start running from the date of receipt all the documents referred to above.

(ITSAA official)

Name: _____

Signature_____ Date_____

ITSAA official stamp:

_____

[1] Please delete if not applicable

FORM 7B

ACKNOWLEDGEMENT OF RECEIPT OF FURTHER DOCUMENTS
(Regulation (19(6))
[Section 18(1A) of the Social Assistance Act 13 of 2004]

To: _____

Address:

Dear Sir / Madam

This is to acknowledge receipt of your documents referred to in regulation 19(2) which was received by the Independent Tribunal on_____.

(ITSAA official)

Name: _____

Signature_____ Date_____

ITSAA official stamp:

FORM 8A

REQUEST FOR FURTHER WRITTEN REASONS
(Regulation 12(1) (b))

TO: _____

Address:

Dear Sir / Madam

Please note that the Independent Tribunal is not satisfied with the reasons you have provided in support of your application for appeal. **(State the reasons why the Independent Tribunal is not satisfied with the reasons)**. You are kindly requested to provide us with further written reasons within a period of 15 working days from receipt of this notice.

Please be informed that the Independent Tribunal will not be able to consider your appeal until such time that you have submitted the information required above. Further note that in terms of regulation 12(2) the 90 days period contemplated in regulation 16(2) will be interrupted by a period of 15 days indicated in the above paragraph.

(ITSAA official)

Name: _____

Signature_____ Date_____

ITSAA official stamp:

FORM 8B

ACKNOWLEDGEMENT OF RECEIPT OF FURTHER WRITTEN REASONS (Regulation 19(4)(a))

TO: _____

Address:

Dear Sir / Madam

This is to acknowledge receipt of further written reasons as was requested in terms of regulation 12(1)(b).

You will be notified of the outcome of the appeal within.... days (**indicate the period before the 90 days lapse)** from the ..... of ..... 201....

(ITSAA official)

Name: _____

Signature_____ Date_____

ITSAA official stamp:

FORM 9

NOTIFICATION OF OUTCOME OF AN APPEAL
(Regulation 20(1))

TO: _____

Dear Sir / Madam

Pursuant to section 18(1A) of the Social Assistance Act, 13 of 2004, this serves to inform you of the outcome of your appeal.

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 AND APPLICATION FOR RECONSIDERATION

Agency Office:				Date of Application:			Date of Rejection:
Date of Application For Reconsideration:				Date of Rejection of Application for reconsideration			
Type of Grant (Mark with "X")							
Disability	Older Persons'	War Veteran	Foster Child	Care Dependency	Child Support	Grant In Aid	Social Relief of Distress

D. OUTCOME OF APPEAL

The outcome of your appeal is as follows:

☐ Decision of Agency confirmed ☐ Decision of Agency varied ☐ Decision of Agency set aside

Reasons: ----------

CHAIRPERSON
INDEPENDENT TRIBUNAL

DATE:

FORM 10

NOTIFICATION THAT AN APPLICATION FOR APPEAL DOES NOT CONSTITUTE AN APPEAL (Regulation 21(1) (b))

TO: _____

Address:

Dear Sir / Madam

This serves to inform you that your application dated_____ does not constitute an appeal in terms of section 18(1A) of the Social Assistance Act, 2004 (Act No. 13 of 2004) as amended due to the following reasons:

.....

(ITSAA Official)

ITSAA date stamp:

FORM 11

WITHDRAWAL OF AN APPEAL
(Regulation 22)
[Section 18(1A) of the Social Assistance Act 13 of 2004]

ATTENTION:
Independent Tribunal for Social Assistance Appeals
Private Bag X901, PRETORIA 0001

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				

I, the undersigned, hereby withdraw my application for an appeal dated..... My reasons for withdrawing the appeals are as follows:

_____

(Signature of applicant or beneficiary or representative)

Date:

E. REPRESENTATIVE'S DETAILS

Name and Surname					
ID Number:				Date of Birth	
Age		Nationality		Gender	
Telephone No:		Fax No:	Cell No:	Email Address:	

FORM 12

WITHDRAWAL OF AN APPICATION FOR RECONSIDERATION
(Regulation 3(7))
[Section 18(1A) of the Social Assistance Act 13 of 2004]

ATTENTION: Regional Executive Manager
South African Social Security Agency
Private Bag x120
Marshalltown
2107

A. PERSONAL DETAILS OF APPLICANT OR BENEFICIARY

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

I, the undersigned, hereby withdraw my application for reconsideration dated..... My reasons for withdrawing the application for reconsideration are as follows:

(Signature of applicant or beneficiary or representative)

.....

(Date)

E. REPRESENTATIVE'S DETAILS

Name and Surname					
ID Number				Date of Birth	
Age		Nationality		Gender	
Telephone No:		Fax No:	Cell No:	Email Address:	

FORM 12

WITHDRAWAL OF AN APPICATION FOR RECONSIDERATION
(Regulation 3(7))
[Section 18(1A) of the Social Assistance Act 13 of 2004]

ATTENTION: Regional Executive Manager
South African Social Security Agency
Private Bag x11230
Nelspruit
1200

A. PERSONAL DETAILS OF APPLICANT OR BENEFICIARY

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

I, the undersigned, hereby withdraw my application for reconsideration dated..... My reasons for withdrawing the application for reconsideration are as follows:

(Signature of applicant or beneficiary or representative)

.....

(Date)

E. REPRESENTATIVE'S DETAILS

Name and Surname					
ID Number				Date of Birth	
Age		Nationality		Gender	
Telephone No:		Fax No:	Cell No:	Email Address:	

FORM 12

WITHDRAWAL OF AN APPICATION FOR RECONSIDERATION
(Regulation 3(7))
[Section 18(1A) of the Social Assistance Act 13 of 2004]

ATTENTION: Regional Executive Manager
South African Social Security Agency
Private Bag X9189
Cape Town
8000

A. PERSONAL DETAILS OF APPLICANT OR BENEFICIARY

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

I, the undersigned, hereby withdraw my application for reconsideration dated..... My reasons for withdrawing the application for reconsideration are as follows:

(Signature of applicant or beneficiary or representative)

.....

(Date)

E. REPRESENTATIVE'S DETAILS

Name and Surname					
ID Number				Date of Birth	
Age		Nationality		Gender	
Telephone No:		Fax No:	Cell No:	Email Address:	

FORM 12

WITHDRAWAL OF AN APPICATION FOR RECONSIDERATION
(Regulation 3(7))
[Section 18(1A) of the Social Assistance Act 13 of 2004]

ATTENTION: Regional Executive Manager
South African Social Security Agency
Private Bag X4424
Bloemfontein
9300

A. PERSONAL DETAILS OF APPLICANT OR BENEFICIARY

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

I, the undersigned, hereby withdraw my application for reconsideration dated..... My reasons for withdrawing the application for reconsideration are as follows:

(Signature of applicant or beneficiary or representative)

.....

(Date)

E. REPRESENTATIVE'S DETAILS

Name and Surname					
ID Number				Date of Birth	
Age		Nationality		Gender	
Telephone No:		Fax No:	Cell No:	Email Address:	

FORM 12

WITHDRAWAL OF AN APPICATION FOR RECONSIDERATION
(Regulation 3(7))
[Section 18(1A) of the Social Assistance Act 13 of 2004]

ATTENTION: Regional Executive Manager
South African Social Security Agency
Private Bag X9677
Polokwane
0700

A. PERSONAL DETAILS OF APPLICANT OR BENEFICIARY

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

I, the undersigned, hereby withdraw my application for reconsideration dated..... My reasons for withdrawing the application for reconsideration are as follows:

(Signature of applicant or beneficiary or representative)

.....

(Date)

E. REPRESENTATIVE'S DETAILS

Name and Surname					
ID Number				Date of Birth	
Age		Nationality		Gender	
Telephone No:		Fax No:	Cell No:	Email Address:	

FORM 12

WITHDRAWAL OF AN APPICATION FOR RECONSIDERATION
(Regulation 3(7))
[Section 18(1A) of the Social Assistance Act 13 of 2004]

ATTENTION: Regional Executive Manager
South African Social Security Agency
Private Bag X44
Mmabatho
2735

A. PERSONAL DETAILS OF APPLICANT OR BENEFICIARY

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

I, the undersigned, hereby withdraw my application for reconsideration dated..... My reasons for withdrawing the application for reconsideration are as follows:

(Signature of applicant or beneficiary or representative)

.....

(Date)

E. REPRESENTATIVE'S DETAILS

Name and Surname					
ID Number				Date of Birth	
Age		Nationality		Gender	
Telephone No:		Fax No:	Cell No:	Email Address:	

FORM 12

WITHDRAWAL OF AN APPICATION FOR RECONSIDERATION
(Regulation 3(7))
[Section 18(1A) of the Social Assistance Act 13 of 2004]

ATTENTION: Regional Executive Manager
South African Social Security Agency
Private Bag X9001

Chiselhurst

East London

5200

A. PERSONAL DETAILS OF APPLICANT OR BENEFICIARY

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

I, the undersigned, hereby withdraw my application for reconsideration dated..... My reasons for withdrawing the application for reconsideration are as follows:

(Signature of applicant or beneficiary or representative)

.....

(Date)

E. REPRESENTATIVE'S DETAILS

Name and Surname					
ID Number				Date of Birth	
Age		Nationality		Gender	
Telephone No:		Fax No:	Cell No:	Email Address:	

FORM 12

WITHDRAWAL OF AN APPICATION FOR RECONSIDERATION
(Regulation 3(7))
[Section 18(1A) of the Social Assistance Act 13 of 2004]

ATTENTION: Regional Executive Manager
South African Social Security Agency
Private Bag X9146

Pietermaritzburg

3201

A. PERSONAL DETAILS OF APPLICANT OR BENEFICIARY

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

I, the undersigned, hereby withdraw my application for reconsideration dated..... My reasons for withdrawing the application for reconsideration are as follows:

(Signature of applicant or beneficiary or representative)

.....

(Date)

E. REPRESENTATIVE'S DETAILS

Name and Surname					
ID Number				Date of Birth	
Age		Nationality		Gender	
Telephone No:		Fax No:	Cell No:	Email Address:	

FORM 12

WITHDRAWAL OF AN APPICATION FOR RECONSIDERATION
(Regulation 3(7))
[Section 18(1A) of the Social Assistance Act 13 of 2004]

ATTENTION: Regional Executive Manager
South African Social Security Agency
Private Bag X6011

Kimberley

8300

A. PERSONAL DETAILS OF APPLICANT OR BENEFICIARY

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

I, the undersigned, hereby withdraw my application for reconsideration dated..... My reasons for withdrawing the application for reconsideration are as follows:

(Signature of applicant or beneficiary or representative)

.....

(Date)

E. REPRESENTATIVE'S DETAILS

Name and Surname					
ID Number				Date of Birth	
Age		Nationality		Gender	
Telephone No:		Fax No:	Cell No:	Email Address:	