APPLICATION FOR RECONSIDERATION

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



Instructions on filling this form:

- 1. Mark with an X in the appropriate **box** where relevant.
- 2. Complete in **CAPITAL letters and** write inside the boxes where applicable.

SECTION A: APPLICANT'S PARTICULARS

Identity Number												Ag	е			Gei	nder		М	F
Surname																				
Full names																				
Preferred method of communication			Cell	Em			ail	Post				Landline]	SM	S		
Client's Tel no										Em	ail									
Cellphone no										Fax	(
Residential Address																				
														Post	tal Co	ode				
Postal Address																				
														Post	tal Co	ode				

SECTION B: DETAILS OF GRANT APPLICATION

SASSA Office																					
Date of grant application	С	С	Υ	Υ	Μ	\mathbb{M}	D	D		Da	te of gran	t reje	ction	С	С	Υ	Υ	M	Μ	D	D
Grant Type		OA			WV	'		DC	à		FCG		CDC	à		CS	G		G	IA	

SECTION C: REASONS FOR REQUEST FOR RECONSIDERATION

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

- Disagreement with the application of the "means test" by SASSA?
- Disagreement with the medical assessment of SASSA regarding your functional impairment/disability?

Other	
Other disagreement (elaborate/explain:	
(elaborate/explain:	

SECTION D: PARTICULARS OF APPLICANT'S REPRESENTATIVE

Identity Number										Rel	ation						
Surname																	
Full names																	
Gender	Ма	ماد		Fer	nale		Nat	ionali	tv	RS	Δ		C)ther	spec	ify	
Genuer	IVIC	ale -		1 01	naic		ivat	Ionan	L Y	110	•						
Client's Contact no (Tel)							Fax			110							

SECTION E: CLIENT SIGNATURE

Signature		Date of Signature	С	С	Y	Y	Μ	М	D	D
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Documents attached in support of this application

• Proof of grant application to SASSA (Receipt issued by SASSA):

- A copy of a letter of rejection or approval of social assistance application by the Agency:
- 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/her appointment by the applicant or beneficiary to act on his or her behalf:
- Any other relevant document in relation to the application; and state what type of documentation).

• Please forward the completed Application for Reconsideration to your province of residence - see provincial email addresses below

PROVINCIAL EMAIL ADDRESSES TO BE USED FOR SENDING APPLICATIONS FOR RECONSIDERATION

PROVINCE	TELEPHONE	EMAIL
Eastern Cape	043 - 707 6335	GrantsEnquiriesEC@sassa.gov.za
Free State	051- 4108339	GrantsEnquiriesFS@sassa.gov.za
Gauteng	011- 241 8320	GrantsEnquiriesGP@sassa.gov.za
Kwazulu-Natal	033 -846 3400	GrantsEnquiriesKZN@sassa.gov.za
Limpopo	015- 2917509	GrantsEnquiriesLIM@sassa.gov.za
Mpumalanga	013 -754 9446	GrantsEnquiriesMP@sassa.gov.za
Northwest	018 -388 4006	GrantsEnquiriesnw@sassa.gov.za
Northern Cape	053 -802 4919	GrantsEnquiriesNC@sassa.gov.za
Western Cape	021-4690235	GrantsEnquiriesWC@sassa.gov.za