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**ANNEXURE C**

**APPEAL FORM**

*(in terms of regulation 25C)*

**APPEAL FORM IN TERMS OF THE NATIONAL FORESTS ACT, 1998 (ACT NO. 84 OF 1998)**

Enquiries: Refer to the Departmental website for the relevant contact person within the Forestry Branch.

Please submit your completed appeal form and supporting documentation by electronic mail to the email address stipulated on the Departmental website for appeals or a hard copy by hand delivery to the nearest forestry offices.

**NOTE:**

(1) This form should only be utilized if you are submitting an appeal in terms of any section of the National Forests Act, 1998 (Act No. 84 of 1998 as amended).

(2) An electronic version of this form may be obtained from the Departmental website.

(3) The completed appeal form must be posted or submitted electronically to the addresses stipulated on the Departmental website.

(4) Information requested must be provided in the allocated spaces. If the allocated space is insufficient, additional pages may be attached as an Annexure.

(5) Information should be as brief and clear as possible.

(6) Where provided with boxes the appropriate box should be ticked.

(7) The appeal must be submitted to the Minister within twenty (20) days after the decision has been granted by the Department and the appellant has been notified in writing of the Department’s decision.

(8) A copy of supporting documents (e.g., reports) must be attached to this form on submission.

(9) This form must be duly signed by the appellant or the appellant’s duly appointed representative.

Full name of Appellant: ………………………………………………………………………………………………………………

**PART A1. APPELLANT’S DETAILS**

Company Name (if applicable) ………………………………………………………………………………………………........................................

 Identity document number or passport number (Attach a certified copy):

……………………………………………………………………………………………………………………………..

|  |  |  |  |
| --- | --- | --- | --- |
| Physical Address |  | Postal Address |  |
|  |  |
|  |  |
|  |  |
|  |  |
| Postal Code |  | Postal Code |  |
| Tel no. (work) |  | Tel no. (home) |  |
| Fax number:  |  |  |  |
| Mobile number: |  |  |  |
| Email address: |  |  |  |

**PART A2. DULY AUTHORISED REPRESENTATIVE’S DETAILS (if applicable)**

Name of person representing the appellant (if applicable)

……………………………………………………………………………………………………………………………

Identity document number or passport number (Attach a certified copy):

…………………………………………………………………………………………………………………………….

|  |  |  |  |
| --- | --- | --- | --- |
| Physical Address |  | Postal Address |  |
|  |  |
|  |  |
|  |  |
|  |  |
| Postal Code |  | Postal Code |  |
| Tel no. (work) |  | Tel no. (home) |  |
| Fax number:  |  |  |  |
| Mobile number: |  |  |  |
| E-mail address: |  |  |  |

**PART B. INFORMATION OF THE DECISION TO BE APPEALED**

1. Project Name (where applicable):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Property Description (Street Name, ERF number, PTN number, Farm Number, Suburb/Town, Local Municipality, District Municipality, Province):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Brief description of the activity:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Department’s decision on the abovementioned project:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Licence number (where applicable):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Were you notified of the Department’s decision? (Yes/No):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. If yes, please provide date of decision and proof of correspondence:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PART D: GROUNDS OF APPEAL**

1. Provide a statement setting out the ground/s of your appeal.

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1. Does your appeal contain any new information that was not submitted to the Department before the Department’s decision? (Yes/No).

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. If yes, please provide the information e.g. why was the information not made available to the Department before the Department’s decision and reasons why the Minister should consider it.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Please list any attachments that are included in your appeal document:

a. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

b. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

c. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

d. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

e. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Appellant’s Signature (Or duly appointed Date

representative)

**FOR OFFICIAL USE:**

Appeal received by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Attachments included: YES □ NO □

Copies of notifications attached: YES □ NO □

Ref No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

Office of the Minister