APPLICATION FOR RECONSIDERATION

sassa

[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.

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Client's Contact no (Cell))										Em	ail										
SECTION E: CLIENT SIG	NATU	RE																				

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