



## APPEALS REGISTER FORM

### CUSTOMER/CLIENT DETAILS

a) Name:

.....

b) Address:

.....

c) Telephone/Mobile No.:

.....

d) Email Address:

.....

e) Department:.....

### 1. DETAILS OF THE APPEALS

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

**RECEIVED BY:**

.....DATE:.....SIGN:.....

### 2. ACTION TAKEN

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

**3. DATE:** .....

**SIGN:** .....