



## SOUTH AFRICAN COMBAT RIFLE ASSOCIATION (SACRA) NOTIFICATION OF APPEAL

**1. DETAILS OF APPELLANT:**

SURNAME : .....

FIRST NAMES : .....

IDENTITY NUMBER 

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RESIDENTIAL ADDRESS : .....  
..... CODE: .....

POSTAL ADDRESS : .....  
..... CODE: .....

CONTACT DETAILS TEL : (W) ..... (H) .....  
(CELL) ..... (F) ..... PROVINCE: .....

E-MAIL ADDRESS .....

SANDF		SAPS		DCS		PCRA	
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Appeal against refusal of dedicated Membership Status	
Appeal against the cancellation of dedicated Membership Status	
Appeal against the refusal of endorsement of firearm	
Appeal against the cancellation of endorsement	

**2. REASON FOR APPEAL :** *(Insufficient space ad addendum)*

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SIGNATURE APPELLANT

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**DECLARATION:**

I, the undersigned, hereby declare that all the information above is true and correct.

I understand that the deliberate falsifying of any records or the deliberate provisioning of false information in an attempt to receive an advantage will result in severe disciplinary action being taken against the individual member by SACRA.

SIGNED ON THIS THE ..... DAY OF .....(YEAR).....

AT .....

.....  
SIGNATURE APPELANT

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**FOR SACRA OFFICE ONLY**

APPEAL UPHELD

APPEAL DISMISED

**REASONS FOR DISMISSAL:**

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SIGNATURE ON BEHALF OF SACRA



## COMPLETION INSTRUCTIONS

1. This form must be completed in a clearly **legible handwriting** or in print in **BLACK INK**.
  - First names must be supplied in full.
  - ID number as it appears on your barcoded ID book or ID card, Copy of your ID book or Card must be attached.
  - If you do not have a fax no or e-mail address just write none.
  - Mark the force or service where you are affiliated.
  - Mark the reason for the Appeal
  
2. Motivation for appeal by appellant should include short reasons for the appeal.
  
3. Appellant must sign on both places on the application form
  
4. Appeal must be submitted within 30 days after the appeal cause.