



Notification of appeal

Name of appellant: _____ Date appeal received: _____
 Address of appellant: _____

 Contact telephone no.: (w) _____ (h) _____
 (c) _____

Details of appeal: _____

Names of appeals panel: 1. _____ Date assigned: _____
 2. _____
 3. _____

Appeals panel findings: _____

Scheme committee decision: _____

Date of notification of decision to appellant: _____
 Signatures:
 SAIW Certification Governing Board chairperson/deputy chairperson: _____
 SAIW Certification Services Manager/alternate: _____