

Student Allowance Appeal Authority

For more information visit www.justice.govt.nz/tribunals

Notice of Appeal

\Box What is this form for?	Use this 'Notice of Appeal' form to lodge an appeal against your 'Review Decision'. This 'Notice of Appeal' will tell the other party and the Authority what your appeal is based on.
	To appeal you must have already been through a review decision by
	the Secretary of the Ministry of Social Development (MSD).
Important information	1. Please print in CAPITAL LETTERS
	You may return this Notice of Appeal and all relevant documents by post to the Student Allowance Appeal Authority at the address provided at the end of this form.
	If you would like someone to act on your behalf, please fill out an 'Authority to Act' form available on the website.
	 Please refer to 'A Guide to Making an Appeal' to help you with this application. The guide is available at www.justice.govt.nz/tribunals

Please fill in all sections below:

Part 1: Applicant						
What is your Work and Income	client number?					
What is your name?						
Surname(s)						
First name(s)						
Middle name(s)						
Where do you live?						
Flat/house number	Street name					
Suburb	City/Town	Post code				
What is your mailing address?	(If different from above)					
		Post code				
How can we contact you?						
Email address						
Daytime contact phone number	()	Mobile				
If you give us your mobile number or email address we can use these to send you text messages or emails regarding your case.						

Part 2:	What are	you app	ealing?				
What w	vas the date o	f your revie	w decision?	> /		/	(day / month / year)
Please	e attach a cop	y of the deci	sion correspo	ondence	Э		
What are	the grounds	for your ap	peal?				
Please explain why you are appealing the decision or why you think the decision was wrong. For example why you think it is unfair, unreasonable, or contrary to the legislation.							
(If you ne	ed more space	blease attach a	a separate she	et)			
Please attach a copy of the decision correspondence or any reports you are appealing against							

(Please tick to confirm)

Applicant's signature

Date / /

(day / month / year)

Part 3: Checklist

You have answered every question

- ☐ You have signed and dated this form
- You have attached a copy of all relevant documents (eg. decision correspondence or any reports)

Tribunal Contact Details



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