



**BEE EMPOWERED**  
BEE RATING AGENCY

<b>PROCEDURE MANUAL</b>	<b>Doc Ref No: BEE/MP/8/A1</b>
<b>Title: Appeal Form</b>	<b>Revision No: 07</b>
<b>Copy No: 01</b>	<b>Page 1 of 5</b>
<b>Compiler: L Frank</b>	<b>Date Compiled: 1 October 2014</b>
<b>Approver: R Ackerdien</b>	<b>Effective date: 2 October 2014</b>

General: The purpose of an appeal hearing is for an appeal panel to examine all the written and oral evidence presented by both parties to decide whether the appeal is upheld or not.

PART ONE: CLIENT INFORMATION: TO BE COMPLETED BY THE **ADMINISTRATION MANAGER**

Appeal No.:	Name of Measured Entity:	Name of Appellant:
Client Reference No:	Name of Verification Analyst (Appeal against B-BBEE Verification Decision):	Name of Verification Manager who made the B-BBEE Verification Decision:
Date B-BBEE Verification Decision / Management Decision was conveyed to the Measured Entity by the Administration Manager:	Date Appeal Form was received from the Measured Entity:	Date on which the Appeal must be finalized (30 days from the date on which we received the completed Appeal Form from the Measured Entity):
Did Top Management made the decision to grant or refuse leave to appeal made within 5 days after having received the Appeal Form from the Administration Manager? If not, state reason for delay:	Was the appeal hearing scheduled within 5 days after Top Management granted leave to appeal? If not, state reason for delay:	Did the chairperson of the appeal hearing complete the Appeal Form in full and attached all the relevant supporting documentation?



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Was the appeal finalized and the outcome of the appeal conveyed to the Measured Entity within 30 days after the Measured Entity lodged the Appeal? If not, state reasons for the delay:	Did the Administration Manager convey the outcome of the appeal hearing within 30 days after the appeal was lodged to the Measured Entity? If not, state reason for the delay:	Was our Appeal and Corrective Action Procedures followed?
Name of Top Management who referred the Appeal to a Verification Manager / Member of the Management Review Team.		
Name of appointed Verification Manager (who was not responsible for the B-BBEE Verification Decision) / Member of the Management Review Team.		
Date on which Leave for Appeal was granted or refused by Verification Manager / Member of the Management Review Team.		
<u>State reasons if Leave for Appeal was refused by the Verification Manager / Member of the Management Review Team.</u>		
If Leave of Appeal was refused, Leave of Appeal shall be referred to Top Management, who shall have the right to grant or refuse the		Date on which Leave of Appeal was * granted / refused by Top





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	Appellant (Signature / Date):

PART TWO: ROOT CAUSE ANALYSIS: TO BE COMPLETED BY THE CHAIR PERSON OF THE APPEAL HEARING

<b>ROOT CAUSE ANALYSIS</b>

PART THREE: CORRECTIVE ACTION PROPOSED BY CHAIR PERSON OF APPEAL HEARING

<b>DESCRIPTION OF PROPOSED CORRECTIVE ACTION</b>	
Proposed date for completion of corrective action	
Signed by Chairperson of the Appeal Hearing	Date:



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PART FOUR: CLEARLY INDICATE WHAT CORRECTIVE ACTION WAS TAKEN, AND ATTACH SUPPORTING EVIDENCE:

<b>DESCRIPTION OF CORRECTIVE ACTION TAKEN</b>	
Signature of Verification Manager / Member of the Management Review Team:	Date:

PART FIVE: CORRECTIVE ACTION VERIFIED AND CLEARED

<b>Corrective action verified and cleared</b>	
Signed: Verification Manager / Member of the Management Review Team:	Date:
Signed: Administration Manager:	Date: