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SAM006
 09/2008

APPEAL NOTIFICATION

Notice of appeal against decision of Regulator as per

[Tick box]

<input type="checkbox"/>	Samaf: Rules as adopted September 2008
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To:

Samaf: Regulator of Cooperative Banks

Name of applicant	
Registration number	
Address:	
Contact Person	
Contact Person tel. number:	Work: ())
	Cell: ())
	Fax:
	Email:

Details of objectives

1. With reference to Compliance Notification, Reference Number
 (as attached).

2. Appeal (state the basis for your appeal – with supporting documentation if applicable. Please use additional pages if required.)

Declaration by applicant

The applicant confirms that the information contained in this application is accurate and complete.

Signature..... Date

For office use.

Signature of authorized representative to received appeal:

Name: Date:

