FORM 16  
APPEAL TO THE RESPONSIBLE MEMBER IN TERMS OF SECTION 34 OF THE ACT

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|  | **Date-stamp of Board** |  |
|  |  | **For official use** |
|  |  | Amount R ……………................................ |
|  |  | Receipt no. …………….............................. |
|  |  | Date ……………......................................... |

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| **NORTHERN CAPE LIQUOR ACT, 2008** |
| Appellant’s full names and identity number: ....……………………………………………………………………..  .......................................................................................................................................................................... |
| Appellant’s postal address:  ..........................................................................................................................................................................  ..........................................................................................................................................................................  ..........................................................................................................................................................................  Postal code: …………………………………………………………………….. |
| Liquor Board reference number (if any): ................................................................................... |
| Liquor Board’s decision appealed against:  ..........................................................................................................................................................................  ..........................................................................................................................................................................  .......................................................................................................................................................................... |
| Decision date: …………………………………………………………………….. |
| Date on which the appellant was informed of the reasons for the decision: .................................................... |
| Merits of the appeal:  (Attach extra page(s) if the space provided is not sufficient)  .........................................................................................................................................................................  ..........................................................................................................................................................................  .......................................................................................................................................................................... |
| (Please attach records of the decision appealed against, a copy of the reasons provided in terms of section 34(2) of the Act, the receipt referred to in regulation 69(2) and any additional supporting documents) |
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| I declare/truly affirm that the information furnished in this application and in the documents attached to it, is true. | |
| Date.................................................................. | ............................................................................ *Signature of applicant who is the proposed person or person authorized to sign application* |
| I certify that this declaration has been signed and sworn to/affirmed before me at……………..................this ...................................... day of..........................................................by the applicant who is the proposed person/person authorized to sign application who acknowledged that – | |
| (i) he/she knows and understands the contents of this declaration; | |
| (ii) he/she has no objection to taking the prescribed oath/affirmation; and | |
| (iii) he/she considers the prescribed oath to be binding on his/her conscience, | |
| and that he/she uttered the following words: |  |
| 'I swear that the contents of this declaration are true, so help me God'./'I truly affirm that the contents of this declaration are true'. | |
| ............................................................................ *Commissioner of Oaths* |  |

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| Full name…….................................................................................................................................................. |
| Business address……….................................................................................................................................. |
| Designation……............................................................................................................................................... |
| Area for which appointment is held………....................................................................................................... |
| Office held if appointment is *ex officio……….*.................................................................................................. |