

**NATIONAL INSURANCE AND SOCIAL SECURITY ACT, 1969**  
**NOTICE OF APPEAL**

Name of Appellant .....

National Insurance Number

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Address .....

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Notice of Appeal is hereby given against the decision of the General Manager, which was made on the ..... day of ..... 20..... in respect of a claim for .....

Date .....

.....  
Signature of Appellant/Representative

The grounds of Appeal are as follows:

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.....  
.....

Date .....

.....  
Signature of Appellant/Representative

To: The General Manager, National Insurance  
P.O. Box 101135, Georgetown

**NOTE:** Notice of Appeal must be given within two months after the decision of the General Manager.

If the grounds of your Appeal are supported by documents, you should submit all such documents to the nearest National Insurance Office together with your Notice of Appeal.

Appellants may attach separate sheets for grounds of appeal if the space provided is inadequate.