



**MINISTRY OF EMPLOYMENT AND SOCIAL AFFAIRS
EMPLOYMENT DEPARTMENT
INDUSTRIAL RELATIONS SECTION**

P.O.Box 1097, Independence House, Victoria, Republic of Seychelles
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**NOTICE OF APPEAL AGAINST AUTHORITY, APPROVAL, DECISION OR
DETERMINATION OF A COMPETENT OFFICER.**

(Fill in using block capitals. Please note that you have 14 days from the date of the determination of the competent officer to submit this form at Independence House, Ground Floor, Victoria.)

CASE NUMBER:.....

CASE NAME:------(APPELLANT)

v/s

------(RESPONDENT)

1. Name of Appellant.....

2. Address of Appellant.....

3. Telephone number.....E-mail address.....

4. Give particulars of the decision from which the appeal is brought:
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5. Give the date of the authority, approval, decision or determination of the competent officer.....

6. Give the name/s of the party/ies to the proceedings before the competent officer.
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7. Give the ground/s upon which this appeal is brought.

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FORM APP/01

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(iii).....
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(v).....
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Please attach with this appeal form a copy of authority, approval, decision or determination of the competent officer or any other document relevant to your complaint. A non-refundable fee of SR200 is payable upon submission of this form.

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APPELLANT

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SIGNATURE

Date:.....