



**FORM 2: NOTICE OF INTENTION TO APPEAL**

**NOTICE OF INTENTION TO APPEAL TO THE PORTS REGULATOR  
AGAINST A DECISION OF THE AUTHORITY**

(Section 46 of the National Ports Act, 2005 (Act 12 of 2005))

[Directive 7]

**STATE YOUR REFERENCE NUMBER IF ANY:** \_\_\_\_\_

*This Notice of Intention to Appeal is the preliminary appeal document which is lodged to inform the Regulator and the Authority of your intention to appeal a decision of the Authority. Within 30 days of lodging this Notice you must lodge a detailed appeal affidavit in which you substantiate the grounds of appeal and provide all necessary supporting documents.*

**A. Particulars of person lodging the appeal**

*The particulars of the person who lodges the appeal must be given below. Proof of the capacity in which the appeal is lodged, if applicable, must be attached.*

Full names and surname: \_\_\_\_\_

Identity number: \_\_\_\_\_

Postal address: \_\_\_\_\_

\_\_\_\_\_

Physical Address for service of documents: \_\_\_\_\_

\_\_\_\_\_

Fax number for service of documents: \_\_\_\_\_

Telephone number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Capacity in which an appeal on behalf of another person is lodged: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**B. The decision against which the appeal is lodged**

*Briefly state the decision of the Authority against which the appeal is lodged in the space provided below. If possible please attach written proof of the decision of the Authority. You are not required to set out the nature of the appeal in detail in this notice but must at least identify the decision.*

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**C. Grounds for appeal**

*You are not required, at this stage, to set out the ground upon which this appeal is brought in detail in this notice but must at least identify the relevant grounds.*

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State any other information that may be relevant in considering the appeal:

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**D. Notice of decision on appeal**

*You will be notified in writing by post of the outcome of your appeal. If you wish to be informed by fax or e-mail, please specify this and provide the necessary particulars to enable compliance with your request in the space provided below.*

State the alternative manner in which you wish to be informed and the relevant contact details:

\_\_\_\_\_  
\_\_\_\_\_

**E. Request for waiver of appeal fee**

*If you are of the view that the Regulator should waive the requirement for payment of the prescribed fee on the grounds of indigency as set out in directive 8(3)(b)(iii), the grounds for claiming indigency must be set out below. In addition you must provide copies of relevant documents, such as a statement of assets and liabilities and bank accounts, to support the request for waiver.*

Do you want to apply for waiver of the prescribed fee on the grounds of indigency?

\_\_\_\_\_  
\_\_\_\_\_

If yes, please provide reasons. Supporting documents must be signed and attached:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signed at \_\_\_\_\_ on this the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

**SIGNATURE OF APPELLANT**

FOR DEPARTMENTAL USE  
OFFICIAL RECORD OF APPEAL

Notice of Intention to Appeal received on \_\_\_\_\_ (date) by  
\_\_\_\_\_ (state full name and designation of the official of the  
Regulator who formally received the notice of intention to appeal).

Appeal submitted by the Regulator to \_\_\_\_\_ (name of the  
official) from the Authority on \_\_\_\_\_ (date) by  
\_\_\_\_\_ (name of the official from the Regulator).

**OUTCOME OF APPEAL**

DECISION OF THE AUTHORITY CONFIRMED / VARIED / SET ASIDE (delete whichever  
are not applicable).

NEW DECISION: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**Chairperson of Ports  
Regulator**

Received by the Authority from the Regulator on (date): \_\_\_\_\_.