

APPEAL AGAINST FINES/COMPLIANCE DECISION FORM

Date _____

SR Number _____

APPEAL AGAINST:

INSPECTION FINES OTHERS (specify) _____

COMPANY DETAILS

Company Name: _____

Contact Person : _____

Title : _____

Email : _____

Mobile Number : _____

AUTHORISED PERSON DETAILS

Name : _____

Title : _____

Email : _____

Mobile Number : _____

Physical Address (to return incomplete documents)

REASON FOR APPEAL

The following documents should be attached with this application for comprehensive evaluation of the issue;

- A document detailing the Appeal
- Any proof, if relevant

SIGNATURE _____