

Date : _____

Application for Appeal

I, _____ (HKIC No. _____), of _____
_____ Tel. No. : _____, wish to apply to Social
Security Appeal Board for an appeal against the decision made by Social Welfare Department on a case under SWD
reference number _____.

I am not satisfied with the following decision(s): -

(a)

(b)

(c)

Signature/Thumbprint of Appellant : _____ Signature/Thumbprint of Witness : _____

Name of Appellant : _____ (in block letters) Name of Witness : _____ (in block letters)

To : Social Security Appeal Board
(via *Social Welfare Department Headquarters/
_____ Social Security Field Unit)

*Delete whichever inapplicable

Note : If an appeal is lodged by the executor or the administrator of a deceased applicant or recipient,
a copy of the 'probate' or 'letters of administration' granted by the Court should be attached.
Its original should be produced for checking.

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