

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

Appeal Application Form

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

I am not satisfied with the following decision:

- (a)
- (b)
- (c)

*Signature/Thumbprint of Appellant : _____	*Signature/Thumbprint of Witness : _____
Date : _____	Name of Witness : _____ (name in block letters)

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

* Please delete as appropriate