

**Controlled
Document:**

Document F01
Appeals Form



Appeals Form

Name Measured Entity:	Date:
Representative of the Organisation:	CVS Employee responsible for the procedure:
Certificate Number for the entity?	
Define: State the Problem Which section of the B-BBEE Score do you disagree with?	
What is the reason as to why you think your score should be re-evaluated?	
What would you like us to take into consideration when re-evaluate your B-BBEE Score?:	
Are there any other elements of the scorecard you would like to appeal?	
Signature:	Date:
<i>For Internal use only</i>	
Action Taken by Appeals Committee	
Has Action been communicated to Client	