

CIBA Complaint Appeal Form

Before completing this form, please read the Complainant's Guide to Disciplinary Procedures. The decision of the Moderator shall be final and binding on CIBA and the Appellant. The Appellant shall have a limited right to appeal any such decision in the following circumstances only:

1. the Appellant shall notify CIBA of its intention to appeal the decision in writing by completing the appeal form and submit to CIBA within 7 (seven) business days of receipt of the complaint's outcome;
2. CIBA may appoint a third party of its choice to review the appeal, the investigation and the decision, together with all documents received from the parties since the inception of the complaint;
3. the third party's decision shall be final and binding on the Appellant and the CIBA and not subject to further appeal; and
4. all of the costs of such appeal incurred by CIBA shall be borne and paid for by the appellant and CIBA shall be entitled to request the appellant to pay such costs upfront as a condition of referring the appeal for adjudication.

Please follow the steps below to lodge an appeal:

Step 1. Complete form attached (member section)

Step 2. Pay R500 Appeal fee to the following banking details (*applicable to second appeals*)

Chartered Institute for Business Accountants NPC

Bank : ABSA Bank

Branch : Clearwater

Account Name: Chartered Institute for Business Accountants NPC

Account Number: 1044000152

Branch Code: 632005

Please use your membership number as reference

Take note that CIBA entirely relies on the information furnished by the appellant to effectively review the appeal. CIBA does not have the authority to presume the facts, therefore it is important to furnish all the relevant information to assist in dealing with the appeal.

Title	<input type="checkbox"/> Mr.	<input type="checkbox"/> Mrs.	<input type="checkbox"/> Ms.	<input type="checkbox"/> Miss	<input type="checkbox"/> Other	<input type="text"/>
Forename	<input type="text"/>					
Surname	<input type="text"/>					
Address	<input type="text"/>					
Postcode	<input type="text"/>	Tel (Home)		<input type="text"/>		
Tel (work)	<input type="text"/>	Tel (Mobile)		<input type="text"/>		
Email Address	<input type="text"/>					
Membership Number	<input type="text"/>					
DesignationAppealed	<input type="text"/>					

I hereby appeal against the decision taken by CIBA, as I am of the opinion that:

- disciplinary outcome is too severe
- grievance outcome is wrong
- disciplinary procedure was wrong or unfair
- I have new evidence to show

Please provide details as to your appeal, as well as supporting documents, if necessary (you can use an additional page(s) for more information):

Appellant

I confirm that the information contained in this document is true and correct.

Signature: _____

Date: _____

OUTCOME OF REVIEW ON APPEAL RAISED (for office use only)

Appeal is considered to be valid:

Yes No

Findings:

Remedial Action:

- Not Applicable
- Other (please specify)

Conclusion:

Remedial Action Due Date: _____

Remedial Action to be Completed by : _____

Moderator:

Sign

Date

Membership Manager:

Sign

Date