SCB	FORMATS/ CHECKLISTS/ DATASHEETS	REV.NO.: 0
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Date	Unique No.	Name, Address, Email & Phone No. of Appellant	Details of person acting on behalf of / Representing Appellant	Standard for Certification by SCB	of Appeal by Client	SCB Audit team leading to Appeal by Client	by HOC to verify the complaint	Modes Adopted for Evaluating Appeal	of all	to Review records of Appeal	Reference to all records of communication including outcome of Appeal to Appellant	Closing Date & Outcome of Appeal	Name & Sign of Appeal Investigator

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