

4. RELIEF SORT

The Applicant, on behalf of the Boxer, seeks the following relief:

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I confirm that I, the Applicant, have paid all the applicable fight review fees as stipulated by BSA and that proof of payment accompanies this application form.

Signed in _____ on the _____ day of _____ 201____.

Signature

To: CHIEF EXECUTIVE OFFICER BOXING SA

Hatfield Forum East Building

1077 Arcadia Street

Hatfield

Pretoria

E-mail: ceo@boxingsa.co.za

CC: CHAIRPERSON: BSA SANCTIONING COMMITTEE