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**COMPENSATION FOR OCCUPATIONAL INJURIES AND DISEASES ACT, 1993**

Claim Number _____	Date of Accident _____	Date of Death _____
Employee _____		
Employer (name & address) _____		

\*(Please delete whichever is not applicable)

**DECLARATION BY DEPENDANT \*(WIDOW / WIDOWER) \*(GUARDIAN)**

I \_\_\_\_\_ (full names / surnames of widow / widower / guardian)

Postal address : \_\_\_\_\_

Telephone No : \_\_\_\_\_ Dialling code : \_\_\_\_\_ Identity number : \_\_\_\_\_

hereby declare that :

- At the time of the accident the late employee and I :
  - a) Were married - *Please attach your marriage certificate*
  - b) Were married according to indigenous laws and customs - *Please attach relevant certificate*
  - c) Lived together as man and wife - *Please attach an affidavit confirming this.*
- I am the guardian of the undermentioned children and they are living with me and in my care.
- I was dependant upon the deceased for the necessities of life.
- I am the \*parent / guardian of the undermentioned\*natural / adopted children of the deceased.

**CHILDREN'S PARTICULARS**

Full names & surnames	Sex	Date of Birth

*Kindly attach full unabridged birth certificates for all indicating the names of the biological mother and father.*

- I am \*expecting / not expecting a child in wedlock from the deceased employee.
- To the best of my knowledge and belief the deceased had \*no other / the undermentioned other dependants who were dependant upon him for the necessities of life.

**OTHER DEPENDANTS PARTICULARS**

Full names & surnames	Date of Birth	Sex	Relationship	Address

