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APPLICATION FOR COMPENSATION

COMPENSATION FOR OCCUPATIONAL INJURIES AND DISEASES ACT, 1993

The replies to these questions must be accurate in all respects and must be sworn to before a Commissioner of Oaths. Each question calls for a clear and definite reply. A stroke or line cannot be accepted as a reply.

Claim Number _____	Date of Accident _____	Staff number _____
Employer _____	_____	
Employee _____	_____	

1. FULL NAME OF DEPENDANT _____
2. DATE OF BIRTH _____
3. FIXED ADDRESS _____
4. MARRIED, SINGLE, WIDOWER, WIDOW OR DIVORCEE? _____
5. RELATIONSHIP TO DECEASED _____
6. NATURE AND AMOUNT OF REGULAR INCOME -
 - (a) From Employment:
 - (i) Nature of employment _____
 - (ii) By whom employed _____
 - (iii) Address of employer _____
 - (iv) Total earnings R _____ per month (or R _____ per week).
 - (b) Old Age Pension: _____ R _____ per month.
 - (c) Disability Grant: _____ R _____ per month.
 - (d) Blind Person's Pension: _____ R _____ per month.
 - (e) Veteran's Pension: _____ R _____ per month.
 - (f) Military Pension: _____ R _____ per month.
 - (g) Pthisis Pension: _____ R _____ per month.
 - (h) Family Grant under Children's Act: _____ R _____ per month.
 - (i) Interest on Investments: _____ R _____ per month (or R _____ per annum).
 - (j) Rental from Properties: _____ R _____ per month (or R _____ per annum).
 - (k) Any other income: _____
 State nature thereof: (i) _____
 (ii) _____
 (iii) _____
 - (l) The number of persons, with their ages and relationship to the Claimant, comprising the Claimant's household; Boarders and Lodgers should also be mentioned:

 - (m) The regular weekly or monthly contributions made by the various members of the household, as well as their earnings:

 - (n) The amount contributed regularly by the employee, and whether he was a member of the household or not:

 - (o) Whether the amount contributed by each member of the household includes the value of board and lodgings, and what the value is:



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7. The amounts contributed regularly by persons other than members of the household, their relationship to the Claimant and the purpose of the contributions:

8. Grounds on which it is alleged that the Claimant was dependant on the deceased:

9. Claims against the deceased Estate, the nature of such claims and the accounts monthly repayments in respect thereof:

10. Name and address of Executor and name of Attorney acting or assisting the Executor:

(iv) FIXED PROPERTY

- Do you own any fixed property which is not let?
- If so,
 - What is the nature thereof? _____
 - What is its value? R_____
 - Is it bonded?
 - What is the amount of the bond? R_____
 - Who is the bond holder? _____

(v) IF YOU ARE NOT IN EMPLOYMENT

- State full reasons _____
- Have you applied at the nearest Labour Bureau for a job? YES NO
If not, state reasons _____

(vi) IF MALE AND 65 YEARS OF AGE OR FEMALE AND 60 YEARS OF AGE:

- Have you applied for an Old Age Pension? YES NO
- If not, state reasons _____

(b) Has an Old Age Pension been refused in your case? YES NO

SIGNATURE OF APPLICANT: _____ DATE: _____

The deponent has acknowledged that he / she knows and understands the contents of the Affidavit which was sworn to before me
at _____ this _____ day of _____

COMMISSIONER OF OATHS: _____

EXEMPT FROM STAMP DUTY

