

# DECLARATION BY EMPLOYER OR AUTHORISED PERSON

I hereby declare that the particulars, shown in items 1 to 40 of this report, of an alleged occupational disease contracted by the employee, are to the best of my knowledge and belief true and accurate

Signed on this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_ SIGNATURE \_\_\_\_\_

## **EMPLOYER**

1. Registered name with the Compensation Commissioner \_\_\_\_\_
2. Registration number of this business with the Compensation Commissioner
3. Contact person \_\_\_\_\_
4. Street address \_\_\_\_\_
5. Postal address \_\_\_\_\_
6. Postal code \_\_\_\_\_
7. Postal code \_\_\_\_\_
8. Tel (\_\_\_\_) \_\_\_\_\_
9. Fax (\_\_\_\_) \_\_\_\_\_
10. Situation of business/farm \_\_\_\_\_
11. Nature of business, trade or industry \_\_\_\_\_

## **EMPLOYEE**

12. Surname \_\_\_\_\_
13. First names \_\_\_\_\_
14. Id. No. \_\_\_\_\_
15. Date of birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_
16. Sex male/female
17. Marital state married/single \_\_\_\_\_
18. Citizen of \_\_\_\_\_
19. Personnel No. \_\_\_\_\_
20. Occupation \_\_\_\_\_
21. Street address \_\_\_\_\_
22. Postal code \_\_\_\_\_
23. Period in your employ (years/months) \_\_\_\_\_
- 24 Is the injured employee a working director, working member of a CC, owner of or a partner in the business? \_\_\_\_\_

## **OCCUPATIONAL DISEASE**

25. Nature of disease \_\_\_\_\_
26. Date the disease was diagnosed \_\_\_\_\_
27. Alleged cause of disease \_\_\_\_\_

(State the agent present in the work-place and with which he had contact that caused the disease)

28. For how long a period was he exposed \_\_\_\_\_
29. Date employee reported the disease \_\_\_\_\_
30. Please mention the name and address of the employer if the employee did not contract the disease in your employment

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