

REPUBLIC OF SOUTH AFRICA



REPUBLIEK VAN SUID-AFRIKA

OFFICE OF THE COMPENSATION COMMISSIONER FOR OCCUPATIONAL DISEASES
KANTOOR VAN DIE VERGOEDINGSKOMMISSARIS VIR BEDRYFSIEKTES

**PARTICULARS OF APPLICANT
BESONDERHEDE VAN APPLIKANT**

Bureau No.
Buro No. _____

Commissioner's reference
Kommissaris verwysing _____

(Occupational Diseases in Mines and Works Act, 1973)
(Wet op Bedryfsiektes in Myne en Bedrywe, 1973)

Note: This form must be completed in duplicate and together with the Medical Report on Form GW 24/64 and X-rays of the applicant's chest be submitted simultaneously to the Director, Medical Bureau for Occupational Diseases, P.O. Box 4584, Johannesburg, 2000, under cover of a letter.

Opmerking: Hierdie vorm moet in tweevoud ingevul word en tesame met die Mediese Verslag op Vorm GW 24/64 en X-straalfoto's van die applicant se borskas moet gelyktydig onder dekking van 'n brief aan die Direkteur, Mediese Buro vir Bedryfsiektes, Posbus 4584, Johannesburg, 2000, gestuur word.

1. Name and surname
Naam en van _____
2. Identity No.
Identiteitsnommer _____
3. Age
Ouderdom _____
4. Tax Identity No. or Extra Republican Identity No.
Belastingaanwysingsnommer of buite Republiek Identiteitsnommer _____
5. Company No.
Maatskappy No. _____
6. Date of death, if deceased
Datum van dood, indien oorlede _____
7. (a) Headman
Hoofman _____
- (b) Chief
Kaptein _____
- (c) Tribe
Stam _____
8. District of domicile
Distrik van verblyf _____
9. Province or territory of domicile
Provinsie of gebied van verblyf _____
10. Names, addresses and relationships of persons for whose maintenance the worker is stated to be or to have been wholly or partly responsible:
Name, adresse en verwantskap van person ever wie se onderhoud die werker, na bewering geheel of gedeeltelik verantwoordelik is of was:

11. Date of last risk shift work
Datum van laaste risikowerk _____

Finger impression classification
 Vingerafdrukke-klas

ROLLED IMPRESSIONS-RIGHT HAND
 GEROLDE AFDRUKKE-REGTERHAND

Right thumb Regterduim	Right index Regterwysvinger	Right middle Regtermiddelvinger	Right ring Regterringvinger	Right little Regterpinkie

ROLLED IMPRESSIONS-LEFT HAND
 GEROLDE AFDRUKKE-LINKERHAND

Left thumb Linkerduim	Left index Linkerwysvinger	Left middle Linkermiddelvinger	Left ring Linkerringvinger	Left little Linkerpinkie

TO BE COMPLETED AT MINE – MOET BY DIE MYN INGEVUL WORD

LEFT HAND LINKERHAND		RIGHT HAND REGTERHAND	
Plain impressions of little, ring, middle and index fingers to be taken simultaneously. Gewone afdrukke van pinkie, ring-, middle- en wysvinger moet gelyktydig gemaak word.		Plain impressions of little, ring, middle and index fingers to be taken simultaneously. Gewone afdrukke van pinkie, ring-, middle- en wysvinger moet gelyktydig gemaak word.	
L. Thumb/Duim		R. Thumb/Duim	

Impressions taken by _____ in my presence.
 Afdrukke geneem deur _____ in my teenwoordigheid.

Mine _____
 Myn _____

Signature/Handtekening

Date _____
 Datum _____

Designation/Ampstiel

For use by Reference Bureau:
 Vir gebruik deur Bewysburo: