

Commissioner's reference number
Kommissaris se verwysingsnommer

**OCCUPATIONAL DISEASES IN MINES AND WORKS ACT, No. 78 OF 1973, AS AMENDED
WET OP BEDRYFSIEKTES IN MYNE EN BEDRYWE, No. 78 VAN 1973, SOOS GEWYSIG**

**APPLICATION FOR A BENEFIT
AANSOEK OM 'N VOORDEEL**

Finding of the Medical Certification Committee for Occupational Diseases
Bevinding van die Mediese Sertifiseringskomitee vir Bedryfsiektes

Date of finding
Datum van bevinding

1. CERTIFIED PERSON:
GESERTIFISEERDE PERSOON:

Surname
Van

Christian names
Voorname

ID No.

Co. No./PF No.
Mpy. No./VF No.

Date of birth
Geboortedatum

Gender
Geslag

Date of death
Datum van afsterwe

Marital status
Huwelikstatus

Maiden name
Nooiensvan

Name of spouse
Naam van gade

ID No.

Home address
Woonadres

Postal code
Poskode

Postal address
Posadres

Postal code
Poskode

Tel. No. (.....) (W) (.....) (H)

COMPLETE PARAGRAPH 2 (a—c) ONLY IF STILL EMPLOYED BY A MINE OR WORKS ON DATE OF FINDING
 VOLT001 PARAGRAAF 2 (a—c) SLEGS INDIEN NOG IN DIENS VAN 'N MYN OF BEDRYF OP DATUM VAN BEVINDING

2. Earnings of certified person (as on date of finding) Verdienste van gesertifiseerde (soos op bevindingsdatum)	<i>Per week</i> <i>Per week</i> R	<i>or</i> <i>of</i>	<i>Per month</i> <i>Per maand</i> R
(a) Bruto cash earnings Bruto kontantverdiensle
(b) Allowances of a regular nature Toelaes van gereelde aard
(i) Bonus (e.g 13th cheque) Bonus (bv. 13de tjek)
(ii) Overtime Oortyd
(iii) Other (specify) Ander(spesifiseer)
(c) Cash value of free food Kontantwaarde van gratis voedsel
Cash value of free housing Kontantwaarde van gratis huisvesting
Total/Totaal R		R

NB: PROOF OF EARNINGS MUST BE SUBMITTED.
 BEWYS VAN VERDIENSTE MOET INGEDIEN WORD.

3. Is certified person in receipt of a pension from the Workmen's Compensation Commissioner?
 Ontvang die gesertifiseerde 'n pensioen van die Ongevallekommissaris?

YES JA	NO NEE
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If YES/Indien JA

Specify
 Spesifiseer

R

4. Has any benefit in respect of occupational disease been paid to the certified person?
 Is enige voordele ten opsigte van 'n bedryfsiekte aan die gesertifiseerde betaal?

YES JA	NO NEE
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If YES quote reference number
 Indien JA vermeld verwysingsnommer

**SUMMARY OF COMPLETE LABOUR HISTORY
OPSOMMING VAN VOLLEDIGE WERKGESKIEDENIS**

Note: This summary should contain full details of the worker's service at all mines/works and of other risk work both within the Republic and elsewhere, and in the case of his **current** and **second last contract, exact dates of service and the number of shifts worked**, should be stated. Finger impressions on form GW 24/17 to be attached hereto (in duplicate)

Opmerking: Hierdie opsomming moet volle besonderhede van die werker se diens by alle myne/bedrywe en van ander risikowerk beide in die Republiek en elders, bevat en in die geval van sy **huidige** en **voorlaaste kontrakte moet juiste datums van diens en aantal skofte gewerk**, aangedui word. Vingerafdrukke op vorm GW 24/17 moet hierby aangeheg word (in tweevoud).

Company No. Maatskappy No.	Name of mine or works or contractor Naam van myn of bedryf of kontrakteur	Class of work Soort werk	*Risk work (R) *Risikowerk (R) Other (N/R) Ander (N/R)	Date of which he started work Datum waarop hy begin werk het	Date stopped work Datum werksaamhede gestaak	Number of months Aantal maande

Date of last risk work (prior to date of finding) _____
 Datum van laaste risikowerk (voor datum van ondersoek) _____

* See "risk work" as defined in the Occupational Diseases in Mines and Works Act, 1973.
 * Sien "risikowerk" soos omskryf in die Wet op Bedryfsiektes in Myne en Bedrywe, 1973.

5. I desire that my cheque be (delete which is not applicable) deposited in my banking account/Teba account/posted to my postal address.
 Ek verlang dat my tjek (skrap waar nie van toepassing) in my bankrekening/Tebarekening gedeponeer word/na my posadres gestuur word.

Name of bank/building society
 Naam van bank/bouvereniging

Name of branch
 Naam van tak

Code No.
 Kode No.

Account No.
 Rekening No.

Type of account
 Tipe rekening

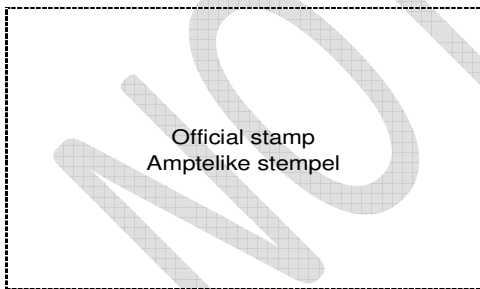
6. I, the undersigned, hereby declare that the information furnished in the foregoing application is true and correct.
 Ek, die ondergetekende, verklaar hiermee dat die inligting wat in die voorafgaande verstrek is waar en juis is.

Signature of applicant
 Handtekening van applikant

Date
 Datum

The deponent has acknowledge that he/she knows and understand the contents of this affidavit which was sworn to/affirmed before me the deponent's signature/thumb print/mark was placed thereon in my presence.

Die verklaarder erken dat hy/sy ten volle op hoogte is met die inhoud van hierdie verklaring en dit begryp. Hierdie verklaring is voor my beëdig/bevestig en die verklaarder se handtekening/duimafdruk/merk is in my teenwoordigheid daarop aangebring.



Justice of the Peace/Commissioner of Oaths
 Vrederegter/Kommissaris van Ede

Capacity
 Hoedanigheid

Date
 Datum

Place
 Plek