

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)

2. CALCULATION OF LOSS OF EARNINGS:
BEREKENING VAN VERLIES ANN VERDIENSTE

- (a) Normal earnings as on date of findings per week/month:
Normale verdienste soos op bevindingsdatum per week/maand:

Bruto cash earnings Bruto kontantverdiensie	Regular allowances Gereelde toelase	
	Bonus	Overtime Oortyd
R	R	R

- (b) Normal earnings during treatment per week/month:
Normale verdienste tydens behandeling per week/maand:

Period of treatment Tydperk van behandeling		Bruto cash earnings Bruto kontantverdiensie	Regular allowances Gereelde toelase	
From Vanaf	To Tot		Bonus	Overtime Oortyd
		R		

- (c) Total amount of loss of earnings:
Totale bedrag van verlies van verdienste: R

Kindly indicate if there was any salary increase during period of treatment.
Geliewe ann te dui of daar enige salarisverhoging gedurende tydperk van behandeling was.

SIGNATURE OF EMPLOYER
HANDTEKENING VAN WERKGEWER

Date
Datum

Designation and official stamp
Ampstittel en amptelike stempel

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