



labour

Department:
Labour
REPUBLIC OF SOUTH AFRICA

Claim Number: .....

OBJECTION AGAINST A DECISION OF THE COMMISSIONER
COMPENSATION FOR OCCUPATIONAL INJURIES AND DISEASES ACT, 1993 (ACT No. 130 OF 1993)

(Section 91 – Commissioner's rules, forms and particulars – Annexure 3)

(This objection must be lodged with the Compensation Commissioner, P.O. Box 955, Pretoria, 0001, within 180 days of the Commissioner's decision.)
(N.B.: "lodged within 180 days "means that the objection must reach the Commissioner within 180 days from the date of his/her decision.)

NOTICE OF OBJECTION

Name of employee .....

Employee's ID Number: .....

Name of employer .....

1. State name of objector ..... Tel: .....

Address ..... Postal Code .....

2. State whether objector is -

(a) the employee ..... or

(b) the employer ..... or

(c) the employer's organisation or trade union of which the person is respect of whom the decision was given, was at the time concerned a member .....

(Note: The word "Yes" should be written against (a) or (b) or (c), whichever is applicable.)

3. Quote the reference number and date of the document containing the Commissioner's decision against which the objection is lodged:-

Reference No. .... Date .....

4. State fully what portion of the Commissioner's decision you object to:

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5. Give your reasons in full for lodging the objection:

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6. Any documentary evidence (or copies thereof) that you wish to submit in support of your contention(s) as stated in paragraph 5 should be attached and enumerated as hereunder:

Number	Title or description of document
(i) .....	.....
(ii) .....	.....
(iii) .....	.....
(iv) .....	.....

7. Give names and addresses of persons whom you wish to have called as witnesses to give evidence in support of your objection:

Name	Address
(i) .....	.....
(ii) .....	.....
(iii) .....	.....
(iv) .....	.....

8. State briefly the points on which they will give evidence:

(i) .....

(ii) .....

(iii) .....

(iv) .....

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.....

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Place .....

Date ..... Signature of objector