



# labour

Department:  
Labour  
REPUBLIC OF SOUTH AFRICA

Claim Number: .....

## COMPENSATION FOR OCCUPATIONAL INJURIES AND DISEASES ACT, 1993

### APPLICATION FOR A SUPPLEMENTARY GRANT

PARTICULARS OF APPLICANT WHO IS PERMANENTLY DISABLED AND WHOSE COMPENSATION HAS BEEN EXHAUSTED

1. Name and Surname of Applicant: .....
2. Identity Number: .....
3. Social Pension Number:.....(If in receipt of a pension). If you have applied for a social pension and your application was turned down submit written proof thereof: .....
4. Name of employer in whose employ the injury occurred: .....
5. Nature of injury: .....
6. Present Income: R..... per week/month.
7. As the award made to me in terms of the Workmen's Compensation Act. 1941, was paid in full and as I am destitute and not at present employed, I hereby apply for a supplementary grant.
8. Was a supplementary grant previously allocated to you?.....

.....  
SIGNATURE OR RIGHT THUMB PRINT OF EMPLOYEE

1. I certify that before administering the oath/affirmation, I asked the deponent the following questions and wrote down his/her answers in his/her presence:
  - (a) Do you know and understand the contents of the declaration? (YES/NO) .....
  - (b) Do you have any objection to taking the prescribed oath? (YES/NO) .....
  - (c) Do you consider the prescribed oath to be binding on your conscience? (YES/NO) .....
2. I certify that the deponent has acknowledged that he/she knows and understands the contents of this declaration which was sworn to/affirmed before me and that the deponent's signature/thumb print was placed in my presence.

.....  
JUSTICE OF THE PEACE/COMMISSIONER OF OATHS

Full name .....

Designation (Rank) ..... Ex. Officio Republic of South Africa

Date ..... Place .....

**Call Centre No.: 086 010 5350 - Fax No.: (012) 323-8627 or (012) 323-6986**  
**E-mail: cf-info@labour.gov.za - Website: www.labour.gov.za**