



labour

Department:
Labour
REPUBLIC OF SOUTH AFRICA

Claim Number .....

APPLICATION FOR ADDITIONAL COMPENSATION UNDER SECTION 56 OF THE ACT

COMPENSATION FOR OCCUPATIONAL INJURIES AND DISEASES ACT, 1993 (ACT No. 130 OF 1993)
[Section 56 – Commissioner's rules, forms and particulars – Annexure 1]

N.B.: If the space on this form is inadequate for the reply to any question, the words, "statement attached" may be inserted under the relative item and a statement containing the required particulars should be attached. Every such statement should bear sufficient details to identify it with the application and with the item to which it refers.

PARTICULARS OF APPLICANT

- (1) Name of applicant .....
(2) ID Number .....
(3) Address of applicant ..... Postal code .....
(4) (To be completed only if the accident/occupational disease result in death). State the relationship of the applicant to deceased employee .....
(5) Name of employee .....
(6) ID Number .....
(7) Name of employer .....
(8) Date of accident/occupational disease .....
(9) Place of accident/occupational disease occurred .....

PARTICULARS OF COMPENSATION AWARDED

- (10) Has any compensation already been awarded in respect of- .....
(a) Permanent disablement? .....
(b) Death? .....
If so, give details .....

**GROUNDS OF APPLICATION**

**Negligence — Section 56 (1)**

(11) It is alleged that the accident/occupational disease was due to the negligence of a person or referred to in section 56(1) (Yes or No)

(12) If so furnish the following particulars in respect of the person(s) whose negligence is alleged to have caused the accident/ occupational disease.

Name	Capacity in which employed	State whether this person falls under subparagraph (a), (b), (c), (d) or (e) of section 56 (1) of the Act
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....

(13) Give details of the alleged negligence of the above person(s):

Name	Details
.....	.....
.....	.....
.....	.....
.....	.....

**Patents defect — Section 56 (2)**

(14) It is alleged that the accident/occupational disease was due to a patent defect as set out in section 56 (2) (Yes) or (No) .....

(15) If so —

(a) Did the patent defect exist in the premises, works, plant, material or machinery used in the business of the employer? (State which and give details) .....

.....

(b) Furnish the following particulars in respect of he person(s) alleged to have or negligente caused or failed to remedy the patent defect:

Name	Capacity in which employed	State whether this person falls under subparagraph (a), (b), (c), (d) or (e) of section 56 (1) of the Act
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....

(16) State on what grounds it is alleged that the above person(s) knowingly or negligently or failed to remedy the patent defect:

Name	Grounds
.....	.....
.....	.....
.....	.....
.....	.....

**WITNESSES**

(17) Give the following particulars in respect of witnesses whom the applicant wishes to be sub..... give evidence in support of the application should a formal hearing be held.

Name	Addresses
.....	.....
.....	.....
.....	.....
.....	.....
.....	.....

(18) State briefly the nature of the evidence which each witness will be able to give:

Name	Evidence
.....	.....
.....	.....
.....	.....
.....	.....

**REPRESENTATION**

(19) State the name and address of the trade union, attorney or other representative (if any) who will act for the applicant in this matter .....

**DECLARATION**

I, ..... being the applicant in this matter, do hereby declare that the above particulars are correct to the best of my knowledge and belief.

Signed at ..... on this ..... day of .....year.....

Witness .....