



labour

Department: Labour
Compensation Fund

REPUBLIC OF SOUTH AFRICA

W.Ac.33

SECTION 1 EMPLOYEE / WIDOW / WIDOWER / GUARDIAN

PERSONAL DETAILS:

Pension / Claim No.	<input type="text"/>		
Employer	<input type="text"/>		
Title (Mr / Ms etc)	<input type="text"/>	Full First Names	<input type="text"/>
Surname	<input type="text"/>		Gender <input type="text"/>
ID Number	<input type="text"/>	Date of birth	<input type="text"/>
Residential Address	<input type="text"/>		
	<input type="text"/>		Code <input type="text"/>
Postal Address	<input type="text"/>		
	<input type="text"/>		Code <input type="text"/>
Tel Number (Home)	<input type="text"/>	Tel Number (Work)	<input type="text"/>
Cell Number	<input type="text"/>	Email	<input type="text"/>

SECTION 2 EMPLOYER AND MEDICAL PRACTITIONER / OTHER

BUSINESS AND PRACTICE DETAILS:

Name of Business	<input type="text"/>	Nature of Business:	<input type="text"/>
Practice Number	<input type="text"/>		
Registration Number with the Compensation Fund	<input type="text"/>		
Person Responsible: Title	<input type="text"/>	Full First Names:	<input type="text"/>
Surname	<input type="text"/>		Gender <input type="text"/>
ID Number	<input type="text"/>	Date of birth	<input type="text"/>
Business Physical Address	<input type="text"/>		
	<input type="text"/>		Code <input type="text"/>
Postal Address	<input type="text"/>		
	<input type="text"/>		Code <input type="text"/>
Tel Number (Work)	<input type="text"/>	Fax Number (Work)	<input type="text"/>
Cell Number	<input type="text"/>	Email	<input type="text"/>

SECTION 3 BANK DETAILS

PERSONAL OR BUSINESS / PRACTICE BANK DETAILS:

Name of Account Holder	<input type="text"/>		
Bank	<input type="text"/>		
Branch Name	<input type="text"/>		
Branch Code	<input type="text"/>		
Account Number	<input type="text"/>		
Account Type	Current <input type="checkbox"/>	Savings <input type="checkbox"/>	Transmission <input type="checkbox"/>
Preferred means of contact - How would you like us to contact you?			
Email	<input type="checkbox"/>	SMS <input type="checkbox"/>	Post <input type="checkbox"/>
	Fax <input type="checkbox"/>	Via your employer <input type="checkbox"/>	

TO BE COMPLETED BY BANK

Bank Stamp	
Official's name	<input type="text"/>
Surname	<input type="text"/>
Signature	<input type="text"/>

SECTION 4 DECLARATION

I hereby request, "instruct" and authorise the Compensation Commissioner to pay any amounts that may accrue to me to the credit of my account with the abovementioned bank (or any other bank or branch to which I/we may transfer my/our account).

I understand that the credit transfers hereby authorised will be processed by computer through a system known as the EFT Magnetic Tape Service and I also understand that the advice of payment will be provided by my bank but the details of each payment will be printed on my bank statements or on any accompanying voucher. (This does not apply where it is not customary for banks to furnish bank statements e.g. savings accounts or transmission accounts.)

I understand that remittance advices / payment advices will be supplied by you in the normal way and that they will indicate the date on which funds will be available in my account.

Furthermore, I declare that the abovementioned information is correct and complete in every respect and that the compensation commissioner will not be held liable for any incorrect payment which might arise due to incorrect / incomplete information supplied by me.

Client Signature _____

Date _____