



labour

Department: Labour REPUBLIC OF SOUTH AFRICA

Claim Number:

COMPENSATION FOR OCCUPATIONAL INJURIES AND DISEASES ACT, 1993

*DECLARATION BY DEPENDANT WIDOW/WIDOWER:

*DECLARATION BY GUARDIAN:

Employee: Date of accident: Date of death:
Id No.: Personal number:
Employer: Address: Postal code:
I (full names and surname of widow/widower/guardian)
Address: Postal Code
Telephone no.: Dialing code: Identity number: hereby declare that:

- 1. At the time of the accident the late employee and I:
a) were married - Attach marriage certificate.
b) were married according to customary union - Attach certificate.
c) living together as man and wife.
2. I am the guardian of undermentioned children and that they are in my care.
3. I was dependant upon the deceased for the necessaries of life.
4. I am the *parent/guardian of the undermentioned *natural/adopted children of the deceased:-

Table with 3 columns: Full Names and Surnames, Sex, Date of Birth

Attach the birth certificates, baptismal certificates, proof of date of birth or statements i.r.o date of birth.

- 5. I am *expecting/not expecting a child in wedlock from the deceased employee.
6. To the best of my knowledge and belief the deceased had *no other/the undermentioned other dependants who were dependant upon him for the necessaries of life:-

Table with 5 columns: Full Names and Surnames, Date of birth, Sex, Relationship, Address

* Delete whichever is not applicable

7. I have received from the above-mentioned employer R being
8. My surname immediately prior to my marriage to the deceased was
9. My date of birth is
(only applicable i.r.o. widow/widower)

Signature of Widow/Widower/Guardian

WITNESSEES: 1. **2.**

10. I certify that before administering the oath/affirmation I asked the deponent the following questions and wrote down hi/her answers in his/her presence:
- a) Do you know and understand the contents of the declaration? **Answer**
 - b) Do you have any objection to taking the prescribed oath? **Answer**
 - c) Do you consider the prescribed oath to be binding on your conscience? **Answer**
11. I certify that the deponent has acknowledged that he/she knows and understands the contents of his/her declaration which was sworn to/affirmed before me and the deponent's signature/thumb print/mark was placed thereon in my presence.

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Justice of the Peace/Commissioner of Oaths Designation (Rank) Ex Officio Republic of SA

Full name Place Date

Business Address

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* Delete whichever is not applicable