labour
Department:
Labour
REPUBLIC OF SOUTH AFRICA

Claim number: ……..……

COMPENSATION FOR OCCUPATIONAL INJURIES AND DISEASES ACT, 1993

AFFIDAVIT BY EMPLOYEE

1. I, the undersigned, ……..……..
   of (address) ……..…….....…… Postal code: ……
   Tel. No. (……..) ……
   make oath and state:
2. My I.D. Number is ……..…….. My date of birth is: ……..……
3. (a) I injured my …….. on (date) ……
   whilst in the employ of (Name and address of employer) ……..……
   ……..
   (b) Description of the accident: ……..……..
   ……..……
   (c) My earnings at the time of the accident was R..... per week/month.
4. (a) I notified Mr/Mrs ..... on ..... of the accident.
   (b) I did not notify my employer of the accident because .....
   ……..……
5. I was off duty for the following period as a result of this accident:
   From ..... to .....
   From ..... to .....
6. (a) I was discharged by my employer on ..... and is presently employed by .....
   Address: .....
   (b) I am still in the employ of my employer.
7. (a) I have received cash advances/earnings of R..... from my employer whilst I was off duty for the period ..... to .....
   (b) I am unemployed and had no income for the period(s) claimed for at item 5.
8. Remarks: ……..……

.....
SIGNATURE OR RIGHT THUMB 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 acknowledge that he/she knows and understands the contents of this declaration which was sworn to/affirmed before me and that the deponents signature/thumb print was placed in my presence.

.....
SIGNATURE OF THE COMMISSIONER OF OATH

Name and Surname: . ……

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

Date: ..... Place: .....

DELETE WHERE NOT APPLICABLE