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 customry 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:-

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:-

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. .....

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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.

.....	.....	.....
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