

| | | Claim | Claim Number: | | | | |
|--|--|----------------|------------------|---------------|-------------|----------|----------|
| COMPENSATION FOR OCCUPATIONAL INJURIES AND DISEASES ACT, 1993 PAYMENT OF LUMPSUM IN LIEU OF PENSION | | | | | | | |
| | | | | | | | |
| tha | ith this consent I declare solemnly that I am f at for purposes of the commutation I waive an ead this statement before I signed it. | • | | | n 102 of th | e said A | Act and |
| | SIGNATURE | | DATE: | | | | |
| 1. | I certify that before administering the or wrote down his/her answers in his/her | | n, I asked the o | deponent the | following o | questior | ns and |
| (1) | Do you know and understand the conte | ents of the de | claration? | | ANSWER | R: | |
| (2) |) Do you have any objection to taking the | e prescribed | oath? | | ANSWER | ₹: | |
| (3) | Do you consider the prescribed oath to | be binding o | n your conscie | nce? | ANSWEF | ₹: | |
| 2. | I certify that the deponent has acknowledg declaration. | e that he/she | knows and ur | nderstands th | e contents | of this | |
| | nis declaration was sworn to/affirmed before resence. | me and the d | eponent's sign | ature was pla | aced thereo | on in my | / |
| | | | | | | | |
| СО | OMMISSIONER OF OATHS | | | | | | |
| FU | JLL NAME AND BUSINESS ADDRESS (PRI | NTED) | | | | | |
| DE | ESIGNATION (RANK): | | | EX OFFICIO | Republic o | of South | n Africa |

Call Centre No.: 086 010 5350 - Fax No.: (012) 323-8627 or (012) 323-6986 E-mail: cf-info@labour.gov.za - Website: www.labour.gov.za