

COMPENSATION FOR OCCUPATIONAL INJURIES AND DISEASES ACT, 1993
(Previously Workmen's Compensation Act, 1941)

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/Ms..... on of the accident.
(b) I did not notify my employer of the accident because
5. I was off duty for the following periods 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 PRINT 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 acknowledged that he/she knows and understands the contents of this declaration which was sworn to/affirmed before me and that the deponent's signature/thumb print was placed in my presence.

.....
COMMISSIONER OF OATHS

Full name

Designation (Rank) Ex Officio Republic of South Africa

Date Place.....

*DELETE WHERE NOT APPLICABLE