

OCCUPATIONAL DISEASES IN MINES AND WORKS ACT, No. 78 OF 1973, AS AMENDED**LIVING PERSON APPLICATION FOR BENEFIT****1) CERTIFIED PERSON / APPLICANT:**

Surname _____	Gender	Male				Female			
First name(s) _____	Date of birth	Y	Y	Y	Y	M	M	D	D
ID No./PP No. _____									
Country of birth _____	Co. No/PF No. _____								
District _____	Province _____								

2) CONTACT INFORMATION:

Home Address _____
 _____ Postal Code _____

Postal Address _____
 _____ Postal Code _____

Cellphone No. _____ Land Line No. _____

Email address _____

3) PREVIOUS BENEFIT RECEIVED

Has any benefit in respect of occupational disease been paid to the certified person?

YES	NO
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If YES quote reference number _____

4) BANKING DETAILSI hereby authorise you to pay my benefit/s, **if approved**, into my Bank account:

Name of account holder _____

Name of Bank _____

Account Holder ID No./PP No.*

Account Type

Account Number

Branch Code

Savings				Current				Transmission				Other:								

Initials: _____
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5) DECLARATION

I, the undersigned, hereby declare that the information furnished in the foregoing application is true, correct and complete in every aspect and that the Compensation Commissioner for Occupational Diseases will not be held liable for any incorrect payment which might arise due to incorrect/incomplete information supplied by me.

Place of signing _____

Signature of Applicant _____ Date _____

Witness Full name _____

Witness Signature _____ Date _____

Appendix A: Document Checklist

DOCUMENT TYPE	CHECKLIST
GW24/80a application form	
Official Record of Service – Stamped and signed by relevant official	
Certified Identification Document/ Passport of Certified Person / Applicant	
Bank Statement or Stamped bank letter confirming bank details	
Loss of Earnings calculation from employer (if available)	

Please ensure that the Account Holder ID No./PP No. agrees to the information registered with the bank.

Please note that additional documents or biometric information may be requested by the Compensation Commissioner for Occupational Diseases to process your application.

Electronic Service providers will require biometric enrollment for submission of your application for benefit.