



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**