



# labour

Department:  
Labour  
REPUBLIC OF SOUTH AFRICA

W.Ac.33

## SECTION 1 EMPLOYEE/ WIDOW/ WIDOWER/ GUARDIAN

### PERSONAL DETAILS:

PENSION NUMBER/ CLAIM NUMBER

EMPLOYER

TITLE  FULL NAME

SURNAME  GENDER  M  F

ID NUMBER  DATE OF BIRTH  D  D  M  M  Y  Y  Y  Y

RESIDENTIAL ADDRESS

CODE

POSTAL ADDRESS

CODE

TEL NO. (H)  TEL NO. (W)

CELL NO.  EMAIL

## SECTION 2 EMPLOYER & MEDICAL PRACTITIONER/ OTHER

### BUSINESS & PRACTICE DETAILS:

NAME OF BUSINESS  NATURE OF BUSINESS

PRACTICE NUMBER

REGISTRATION NUMBER WITH COMPENSATION FUND

PERSON RESPONSIBLE: TITLE  FULL NAME

SURNAME  GENDER  M  F

ID NUMBER  DATE OF BIRTH  D  D  M  M  Y  Y  Y  Y

BUSINESS PHYSICAL ADDRESS

CODE

POSTAL ADDRESS

CODE

TEL NO.(W)  FAX NO.(W)

CELL NO.  EMAIL

## SECTION 3 BANK DETAILS

### PERSONAL OR BUSINESS/PRACTICE BANK DETAILS:

NAME OF ACCOUNT HOLDER

BANK

BRANCH NAME

BRANCH CODE

ACCOUNT NO

ACCOUNT TYPE  CURRENT  SAVINGS  TRANSMISSION

PREFERRED MEANS OF CONTACT - How would you like us to contact you?  
 EMAIL  SMS  POST  FAX  VIA YOUR EMPLOYER

### TO BE COMPLETED BY BANK

BANK STAMP

OFFICIALS NAME

SURNAME

SIGNATURE

## SECTION 4 DECLARATION

I hereby request, instruct and authorise the Compensation Commissioner to pay any amounts that may accrue to me, the credit of my account with the above-mentioned bank (or any other bank or branch to which I/we may transfer my/our account).

I understand that the credit transfers hereby authorized will be processed by computer through a system known as the EFT Magnetic Tape Service, and I also understand that no advice of payment will be provided by my bank, but the details of each payment will be printed on my bank statement or on any accompanying voucher. (This does not apply where it is not customary for banks to furnish bank statements, e.g. savings accounts or transmissions accounts).

I understand that remittance advices/payment advices will be supplied by you in the normal way, and that they will indicate the date on which funds will be available in my account.

Furthermore, I declare that the above-mentioned information is correct and complete in every respect and that the Compensation Commissioner will not be held liable for any incorrect payment which might arise due to incorrect/incomplete information supplied by me.

CLIENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_