



labour

Department:
Labour
REPUBLIC OF SOUTH AFRICA

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Enquiries:

Reference number

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Sir/Madam

COMPENSATION FOR OCCUPATIONAL INJURIES AND DISEASES ACT, 1993

I refer to a report of an accident sustained by
.....
.....on.....

where the employer is indicated as
.....

Registration number:.....

You are, however, registered in the name of
.....
.....

Registration number

To expedite the correct allocation of claims, please ensure that the correct information is used.

Yours faithfully

COMPENSATION COMMISSIONER