



labour

Department:
Labour
REPUBLIC OF SOUTH AFRICA

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IN ALL CORRESPONDENCE QUOTE

NO:

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Sir/Madam

COMPENSATION FOR OCCUPATIONAL INJURIES AND DISEASES ACT, 1993

ESTATE LATE: _____

According to information received the above-mentioned employer is deceased. The estate cannot be traced by the Master of the High Court at

Kindly furnish the following information:

- Full names and surname of the deceased.
- Identity number of deceased.
- Date of death.
- Exact date on which the last employee was discharged from the deceased/estate's employment.
- Name and address of appointed Executor.
- Name and address of the new owner/lessee of the business/farm.
- The estate number of deceased.
- Confirm whether the business/farm has been taken over with all assets and liabilities. If not, kindly complete the enclosed registration form.
- Who was responsible for the payment of R which I received on
(the heir/New Owner of the Estate).

Yours faithfully

COMPENSATION COMMISSIONER