THE FEDERATED EMPLOYERS MUTUAL ASSURANCE COMPANY (RF) (PTY) LTD

2nd Floor Oxford & Glenhove, 114 Oxford Rd, Houghton Estate, 2198 - Private Bag 87109, Houghton, 2041
Tel: (011) 359 4300 - Fax: (011) 359 4302 - info@fema.co.za - www.fema.co.za

DECLARATION BY EMPLOYER OR AUTHORISED PERSON

I hereby declare that the particulars, shown in items 1 to 40 of this report, of an alleged occupational disease contracted by the employee, are to the best of my knowledge and belief true and accurate**.**

Signed on this _____day of_____20_____SIGNATURE_____

EMPLOYER

1. Registered name with the Compensation Commissioner _____
2. Registration number of this business with the Compensation Commissioner _____
3. Contact person _____
4. Street address _____ 5. Physical Address _____
   _____ _____
   _____ _____

6. Postal code _____ 7. Postal code _____
8. Tel (___)_____ 9. Tel (___)_____
10. Fax (___)_____ 11. Situation of business/farm _____

EMPLOYEE

12. Surname_____ 13. First names_____
14. ID Number_____ 15. Date of birth___/___/_____ 16. Sex Male / Female
17. Marital Status _____ 18. Citizen of _____
19. Personnel number _____ 20. Occupation _____
21. Street address _____
    _____
    _____
22. Postal code _____
23. Period in your employ (years/months) _____
24. Is the injured employee a working director, working member of a CC, owner of or a partner in the business? ___

OCCUPATIONAL DISEASE

25. Nature of disease _____
26. Date the disease was diagnosed ___/___/_____
27. Alleged cause of disease _____
    _____
    (State the agent present in the work-place and with which he had contact that caused the disease)
28. For how long a period was he exposed _____
29. Date employee reported the disease _____
30. Please mention the name and address of the employer if the employee did not contract the disease in your employment _____
    _____