

**EMPLOYEE AFFIDAVIT FOR AN OCCUPATIONAL DISEASE: WHEN THE EMPLOYER DOES NOT TIMEOUSLY SUBMIT EMPLOYER'S REPORT OF AN OCCUPATIONAL DISEASE (W.CL.1).**

**COMPENSATION FOR OCCUPATIONAL INJURIES AND DISEASES ACT, 1993**

[Section 6A(b) – Commissioner's Rules, Forms and Particulars – Annexure 24]

**This form must be completed by or on behalf of the employee suffering from an occupational disease and sent to the Compensation Commissioner, P O Box 955, Pretoria, 0001**

(BLOCK LETTERS)

**1. EMPLOYEE:**

Surname:.....First name(s):..... Identity No.: .....  
Residential Address:.....  
..... Postal Code:.....

**2. EMPLOYER:**

Name of the employer where the occupational disease was contracted:.....  
Nature of business:.....  
Physical Address:.....  
Does the employer still exist?.....  
Name of the present employer:.....  
Name of the last employer:.....

**3. NATURE OF DUTIES PERFORMED RELATED TO THE ALLEGED OCCUPATIONAL DISEASE:**

Type of work..... Occupation:.....  
Agent/s exposed to:.....  
Years of exposure:.....  
Describe the manner in which the employee allegedly contracted the disease:  
.....  
.....

4. Occupational Disease:..... Date of diagnosis: .....  
Date of first consultation with a doctor:.....  
Name and address of doctor:.....

**5. Attach any of the following supporting documents, if available:**

- The salary slip and /or UIF card where exposure occurred
- A sworn statement by a witness familiar with conditions of the workplace
- Any other relevant document

**6. DECLARATION**

I swear that the information in this form is to the best of my knowledge correct:

.....  
SIGNATURE OR LEFT/ RIGHT THUMB OF THE DEPONENT

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:

- |    |   |                |
|----|---|----------------|
| 1) | Do you know and understand the contents of the declaration?           | YES/ NO .....  |
| 2) | Do you have any objection to taking the prescribed oath?              | YES / NO ..... |
| 3) | Do you consider the prescribed oath to be binding on your conscience? | YES / NO ..... |

I certify that the deponent has acknowledged that he/she knows and understands the contents of this declaration which was sworn to/ affirmed before me and the deponent's signature/ thumb print mark was placed thereon in my presence.

.....  
COMMISSIONER OF OATHS

Full name .....

Designation (Rank) : .....Ex Officio Republic of South Africa

Date: ..... Place: .....