

**WORKERS' COMPENSATION FUND CONTROL BOARD**

P.O BOX 71534 NDOLA

Email: [compensation@workers.com.zm](mailto:compensation@workers.com.zm) Phone: 02-610481/8 / Fax: 02-610487**STATEMENT AND ESTIMATE OF EARNINGS OF WORKERS**

(Section 112 Subsection (1))

This form must be completed and returned to the Workers' Compensation Commissioner, P.O. Box 71534, Ndola, or nearest Branch office not later than or within fourteen days of the commencement of business, whichever date is the later.

**Employer's Account No:** ..... **Telephone No:** .....  
**Employer Name:** ..... **Fax No:** .....  
**Postal Address:** ..... **Plot No:** .....  
**Email Address:** ..... **Street:** .....  
**Town:** ..... **Building:** .....  
**ZRA :** ..... **PACRA :** .....

**SEPARATE FORMS MUST BE USED FOR EACH CLASS OF BUSINESS CARRIED ON BY AN EMPLOYER****1. STATEMENT OF EARNINGS:**

State to the nearest Kwacha the total earnings paid during the period 1<sup>st</sup> April 2016 to 31<sup>st</sup> March 2017 in respect of all workers. Where the earnings of any worker exceeds **K9, 600.00**, then only **K 9,600.00** (Nine Thousand Six Hundred Kwacha) should be declared in respect of that worker.

(FOR THE MEANING OF "EARNINGS" see notes (i) – (iv) below).

<b>A. Number of workers employed during the year</b>	
<b>B. Total earnings of all workers</b>	<b>Kr</b>
<b>C. Add 12.5% of total earnings</b>	<b>Kr</b>
<b>TOTAL OF B and C above</b>	<b>Kr</b>

**2. ESTIMATE OF EARNINGS:**

Give below an estimate to the nearest Kwacha of the total earnings which you expect to pay during the financial year 1<sup>st</sup> April 2017 to 31<sup>st</sup> March 2018 in respect of all workers. Where earnings of any worker exceeds **K9, 600.00** per annum, only **K9, 600.00** (Nine Thousand Six Hundred Kwacha) is to be declared in respect of that worker.

(FOR THE MEANING OF "EARNINGS" see notes (i) – (iv) below).

<b>A. Number of workers likely to be employed during the year</b>	
<b>B. Total earnings of all workers</b>	<b>Kr</b>
<b>C. Add 12.5% of total earnings</b>	<b>Kr</b>
<b>TOTAL OF B and C above</b>	<b>Kr</b>

3. State names and address of all branches, etc covered by this return on separate sheet

4. State the precise nature of your trade, work, business or profession

- NOTE:** (i) For the purpose of this return a worker is any person, other than a person employed casually and not in connection with the employer's trade or business, who has entered into works under a contract of service of apprenticeship or learnership with an employer.  
(ii) All earnings paid or to be paid by sub-contractors not otherwise registered as employers with the Workers' Compensation Commissioner must be ascertained and included.  
(iii) Where a worker earns over **K9, 600.00** per annum only **K9, 600.00** (Nine Thousand Six Hundred Kwacha) should be declared in respect of that worker.  
(iv) Should any employer require further information as to completing of this return he should consult his local Workers' Compensation Office.

I hereby certify that to the best of my knowledge all particulars in this return are true, correct and complete and that the estimates are fair and reasonable.

YOUR OFFICIAL  
STAMP

SIGNATURE ..... POSITION .....

DATE.....

FINAL ASSESSMENT					PROVISIONAL ASSESSMENT			
Total Earnings	Rate	Amount Due	Less Prov Assessment	Balance	Total Earnings	Rate	Amount Due	Total Amount Due

**IMPORTANT NOTE:** A DUPLICATE COPY OF THIS FORM IS ATTACHED FOR YOUR RECORD.