FORM No. 30

WORKERS' COMPENSATION FUND CONTROL BOARD
P.O BOX 71534 NDOLA
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WORKERS COMPENSATION BENEFICIARY

Claim No. ……..…… Pension No. ……..……

Pensioner/ *Surviving Spouse/Guardian: ..……..……..……..……

NRC No. ……..……Date of Birth: ……..……..……..

District: ……..……... Chief: ……..…… Village: ……

Name of Deceased Worker*: ……..……...……..……..……..……..

Name of Worker's Employer: ……..……..……..……..……

Where Pension is To Be Drawn: ……..……..……..……..……

Account Number: ……..……..…….. Bank name: ……..……..……..……

Branch (Name): ……..……

Residential Address: ……..……..

Tel/Cell: ……..…… Email: ……..……..……

Worker's Spouses

	Names	Date of Birth
1.	……..……	
2.	……..……	
3.	……..……	

Children

	Name	Sex	Date of Birth
1.	……..……		
2.	……..……		
3.	……..……		
4.	……..……		
5.	……..……		
6.	……..……		
7.	……..……		
8.	……..……		

Specimen Thumb- Prints of **Pensioner/ Surviving Spouse/ Guardian** (To be taken in every case)	**LEFT**	**RIGHT**
SPOUSES 1. NAME ……..……..		
2. NAME ……..……..		
3. NAME ……..……..		
CHILDREN 1. NAME ……..……..		
2. NAME ……..……..		
3. NAME ……..……..		
4. NAME ……..……..		
5. NAME ……..……..		
6. NAME ……..……..		
7. NAME ……..……..		
8. NAME ……..……..		

SIGNATURE: ……..……. Date: ……