



WORKERS' COMPENSATION FUND CONTROL BOARD

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SURVIVING SPOUSE'S CERTIFICATE

FORM NO. 40A

(NOTE : To be read over and explained to surviving spouse and witness before completion of form).

I,NRCcertify that I am the surviving spouse to the deceasedwhom I married onunder..... law and custom of the community to which I belong and, to the best of my knowledge and belief there is no other surviving spouse. Should any other person prove to the satisfaction of the Commissioner that he /she was also married to the deceased at the time of the accident, I agree to my pension being reduced accordingly and to any over payments being recovered from my future pension payments and allowances.

I declare that in the event of my re-marriage I will inform the nearest Workers' Compensation Office/Postmaster. I **have/have** not remarried since the death of my spouse.

Date Of Remarriage (If Remarried):

Name of New Spouse: NRC No.

Address of Contact:

Signature of New Spouse: Date:.....

Signature of Surviving Spouse: Date:

WITNESS: Name of Witness:

NRC NO CELL PHONE:.....

Relationship to Deceased:

Signature: DATE:

INRC No:.....certify that I/interpreterhas/have read and fully explained the above contents to the said spouse and the witness and that to the best of my knowledge and belief they fully understood the contents before affixing their signatures or Thumb prints.

Certifying Officer's: Names..... Signature

POSITION: DATE: