

[illegible]

My present address is

NRC No......

Postal Address.....

Tel/Cell.....

Village:..... **Chief:**.....

District:..... **Sign**.....

Date :

THUMB
PRINT

This form is to be completed by Commissioner for Oaths, Advocate, Chief, Minister of Religion, Police Officer, Housing, Bank Manager, School Headmaster, any other prominent Citizen acquainted with the pensioner or any authorized officer in terms of Section 15 (1) of the Workers Compensation Act.

I.....certify that interpreter
.....have/has read and fully explained the
above contents to the said pensioner/widow
.....and that to the best of my knowledge and
belief he/she fully understood the contents before affixing his/her
signature/thumbprints and that to the best of my knowledge and belief, the information
given is correct

SIGNATURE:.....

DECLARATION:.....

DATE:

ADDRESS:

.....