

WORKERS' COMPENSATION FUND CONTROL BOARD P O BOX 71534, NDOLA – ZAMBIA

FORM 72A DECLARATION LIFE CERTIFICATE

This certificate must be completed and witnessed and returned to this office. Failure to comply with this requirement will lead to suspension of your pension and/ or your allowances.

NOTE PLEASE

To be read over and explained to pensioner/widow before completing of form.

1. I.....do

(FULL NAME)

Solemnly and sincerely declare that I am the person entitled to an award in terms of the Workers Compensation Act.

2. I further declare that: (only) I have/have not remarried since the death

of my husband. my new husband's name is

Date of remarriage.....

3. I further declare that the children named below are still alive and in my custody and are unmarried.

Name	Date of Birth	Attending School (Name of School)	Course at School

My present address is	
NRC No.	
Postal Address	••••••
Tel/Cell	
Village	Chief
District	Sign
Date :	THU

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 said pensioner/widow above contents to the 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:

.....