



**APPLICATION FOR COMPENSATION
IN TERMS OF THE RULES OF THE ASBESTOS RELIEF TRUST
AND/OR THE KGALAGADI RELIEF TRUST
(TO BE COMPLETED IN BLACK INK)**



I, _____ (full names) have been informed of the creation of a Trust/s which will consider awards to persons who were exposed to asbestos from any of the operations of the Griqualand Exploration and Finance Company Ltd /Msauli Asbes Beperk/Gencor Limited Group, and, or, Kuruman Cape Blue Asbestos Mine and Danielskuil Cape Blue Asbestos Mine.

I have been exposed to asbestos dust/fibre and have been diagnosed as suffering from a compensable asbestos related disease.

I hereby apply for an award in terms of the Deeds of Trust of the Asbestos Relief Trust (ART) and, or, the Kgalagadi Relief Trust (KRT), whichever is applicable.

PARTICULARS OF THE CLAIMANT

CLAIM REF No.:

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Surname: _____

First Name/s: _____

ID No.:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

 Date of Birth: _____

Passport No.:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

 Travel Doc No.: _____

Postal Address: _____

Physical Address: _____

Contact Details: _____

DETAILS OF DEPENDANTS

The following are people who I provide financial support to:

- | | | |
|----------|------------|---------------|
| 1) _____ | AGE: _____ | ID No.: _____ |
| 2) _____ | AGE: _____ | ID No.: _____ |
| 3) _____ | AGE: _____ | ID No.: _____ |
| 4) _____ | AGE: _____ | ID No.: _____ |
| 5) _____ | AGE: _____ | ID No.: _____ |

AUTHORISATION

- 1) I hereby authorise the ART and, or, the KRT, whichever is applicable, to obtain copies of my medical and other records at the Medical Bureau for Occupational Diseases and, or, the Compensation Commissioner for Occupational Diseases;
- 2) I have been advised of the potential award payable to me and am aware that adjustments may be made to the award amount if new information which affects the award calculation is received by the ART and, or, the KRT, whichever is applicable, prior to the payment of the award;
- 3) I agree that, in the unlikely event that adjustments are made, the adjusted award amount can be paid into my nominated bank account without the ART and, or, the KRT consulting me on the new award amount;
- 4) The contents of the Release and Discharge form have been explained to me and I understand the form;
- 5) By participating in this process, I understand and agree that the information provided herein as well as any medical and compensation information obtained by the ART/KRT as a result of my claim application may be used for research, statistical and other reporting/research purposes and that the results may be published. I understand that the ART/KRT undertake to ensure confidentiality and anonymity of the information used for the abovementioned purposes at all times;
- 6) I confirm that to the best of my knowledge and belief, the information contained in this application is true and correct, and that all documents and copies supplied by me are authentic and true copies of the original documents.

Signed at _____ on the _____ day of _____ 20_____.

Claimant:

Witnesses:

_____ 1) _____

Name: _____

ID Number: _____

_____ 2) _____