



OCCUPATIONAL ENQUIRY REGISTRATION FORM
(FORM TO BE COMPLETED IN BLACK INK)



1) PERSONAL DETAILS (Copy of ID to be included)

Surname:																				
First Name/s:																				
ID No.:																Date of Birth:				
Passport No.:																Travel Doc No.:				
Physical Address:																				
Postal Address:																				
Contact Details:																				

2) DETAILS OF DECEASED INDIVIDUAL – DEPENDANT ENQUIRIES ONLY (Copy of ID & Death Certificate to be included)
NB! Proof of dependency to be provided with this form before the enquiry can be progressed further

Surname:																				
First Name/s:																				
ID No.:																Date of Birth:				
Passport No.:																Relationship:				
Cause of Death:																Date of Death:				

3) FULL WORK HISTORY (If Dependant Enquiry please specify full work history of the deceased person)

Date From	Date To	Employer/Company Name	Manager/Supervisor	Job Description	Coy No

4) Please tick the appropriate box applicable:

- I hereby confirm that the Full Work History provided above is a true and accurate reflection of my employment history and includes the details from my first to my last employment to date.
- I hereby confirm that the details provided above is, to the best of my knowledge, a true and accurate reflection of the deceased's employment history and that I was a legal dependant of the deceased at the deceased's date of death.

By submitting and signing this form 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 application enquiry 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.

I hereby also agree to sign the appropriate Release and Discharge form in order to receive any compensation that may be awarded to me should I qualify for compensation in terms of the applicable Trust Deed.

Signed at _____ (place) on this _____ day of _____ (month) 20_____.

Signature: _____
Name: _____

Witness: _____
Name: _____

<i>For Office Use Only</i>																														
ENQUIRY REFERENCE NO.:															EXPOSURE AREA:	ART	KRT	Dual	None											
QUALIFYING SERVICE VERIFIED:	Qualifies Administratively					Does not Qualify					Interview Required					None Found														
MEDICAL LETTER AUTHORISATION NO.:															ALLOCATED DOCTOR:															