



**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/We, _____ (full names) being the lawfully appointed executor/s of the estate of the under-mentioned deceased claimant hereby apply for an award in accordance with the rules contained in the Trust Deed of the Asbestos Relief Trust and, or, the Kgalagadi Relief Trust.

The deceased was exposed to asbestos dust and fibre and was certified/diagnosed as having suffered from an asbestos-related disease.

PARTICULARS OF THE EXECUTOR/S

CLAIM REF No.:

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

Surname: _____

First Name/s: _____

ID No.:

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

 Date of Birth: _____

Passport No.:

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

 Travel Doc No.: _____

Postal Address: _____

Physical Address: _____

Contact Details: _____

Letter of Authority (LOA) / Letter of Executorship (LOE) number (*delete whichever is not applicable*): _____

PARTICULARS OF THE DECEASED / DECEASED CLAIMANT

Surname: _____

First Name/s: _____

ID No.:

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

 Date of Birth: _____

Passport No.:

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

 Travel Doc No.: _____

Cause of Death: _____ Date of Death: _____

DETAILS OF DEPENDANTS

The deceased had the following dependant/s for whom he/she provided financial support:

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

IMPORTANT NOTE:

The following documentation has to be submitted with the application form:

- Letter of Authority (if award amount less than R125,000.00); or
- Letter of Executorship (if award amount R125,000 or more);
- Copy of the executor's ID document;
- Copy of deceased's death certificate (if not previously submitted); and
- The Estate banking details.

AUTHORISATION

1) I/We hereby authorise the ART and, or, the KRT, whichever is applicable, to obtain copies of the deceased's medical and other records at the Medical Bureau for Occupational Diseases and, or, the Compensation Commissioner for Occupational Diseases;

APPLICATION FOR COMPENSATION (continued)

- 2) *I/We have been advised of the potential award payable to the estate and am/are 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/We agree that, in the unlikely event that adjustments are made, the adjusted award amount can be paid into the estate's 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/us and I/we understand the form;*
- 5) *By participating in this process, I/we 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/our claim application may be used for research, statistical and other reporting/research purposes and that the results may be published. I/We understand that the ART/KRT undertake to ensure confidentiality and anonymity of the information used for the abovementioned purposes at all times;*
- 6) *I/We confirm that to the best of my/our knowledge and belief, the information contained in this application is true and correct, and that all documents and copies supplied by me/us are authentic and true copies of the original documents.*

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

Claimant:

Witnesses:

Name: _____

ID Number: _____

1) _____

2) _____