

Statutory Instrument No. 5 of 1980

WORKMEN'S COMPENSATION ACT, 1977
(43 of 1977)

WORKMEN'S COMPENSATION (FORMS) REGULATIONS, 1980

(Published on 18th January, 1980)

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IN EXERCISE of the powers conferred on the Minister of Home Affairs by section 56 of the Workmen's Compensation Act, 1977, the following Regulations are hereby made —

- Citation 1. These Regulations may be cited as the Workmen's Compensation (Forms) Regulations, 1980.

<p>2. The notice of intention required by section 8 (4) of the Act to be given by a workman to the employer shall be in the form set out in the First Schedule.</p>	<p>Form of notice to leave neighbourhood in which workman was employed</p>
<p>3. The list of earnings required by section 9 (6) of the Act to be furnished by the employer upon the request of the workman or any duly authorized person acting on his behalf under the Act shall be in the form set out in the Second Schedule.</p>	<p>Form of list of earnings</p>
<p>4. An application under section 11 (1) of the Act to vary an order made thereunder as to the distribution of compensation shall be in the form set out in the Third Schedule.</p>	<p>Form of application to vary order for distribution of compensation</p>
<p>5. The acknowledgment to be provided by the Commissioner in respect of any money deposited with him or other security furnished under section 22 (3) of the Act shall be in the form set out in the Fourth Schedule.</p>	<p>Form of acknowledgment of money deposited or other security furnished in lieu of insurance</p>
<p>6. The certificate of insurance required by section 23 of the Act to be issued and delivered by the insurer to the employer shall be in the form set out in the Fifth Schedule.</p>	<p>Form of certificate of insurance</p>
<p>7. Where a policy issued pursuant to the Act is cancelled in any of the circumstances described by section 25 (1) of the Act, the insurer shall notify the Commissioner of the cancellation, within 14 days beginning with the day when such cancellation became effective, in the form set out in the Sixth Schedule.</p>	<p>Form of notification of cancellation of policy</p>
<p>8. Where the notice of injury required to be given by section 29 of the Act — (a) is given in writing, it shall be in the form set out in the Seventh Schedule; or (b) is given orally, it shall provide the same information as if it had been given in writing.</p>	<p>Form of written notice of injury and information to be provided by oral notice of injury</p>
<p>9. The report of an injury required by section 30 (1) of the Act to be made by the employer shall be in the form set out in the Eighth Schedule.</p>	<p>Form of injury report</p>
<p>10. Where a workman is required by section 31 (1) of the Act to submit himself for examination by a medical practitioner, the time and place at which the workman is required to attend upon the medical practitioner in pursuance of section 31 (2) of the Act shall be notified to him in the form set out in the Ninth Schedule.</p>	<p>Form of notification of time and place of attendance upon medical practitioner</p>
<p>11. An agreement made under section 32 (1) of the Act by the employer and workman as to the compensation to be paid by the employer shall be in the form set out in the Tenth Schedule.</p>	<p>Form of agreement as to compensation</p>

Form of application to cancel agreement as to compensation

12. An application made under section 32 (3) of the Act for the cancellation of an agreement made under section 32 (1) of the Act by the employer and workman as to the compensation to be paid by the employer shall be in the form set out in the Eleventh Schedule.

Form of requirement that compensation be paid by instalments

13. A requirement addressed to the Minister under section 34 of the Act that any compensation payable to a workman shall be paid by instalments shall be in the form set out in the Twelfth Schedule.

Insurer or employer to make certain returns to Commissioner and form thereof

14. (1) The insurer or, where he has had recourse to section 22 (3) of the Act, the employer shall make a return to the Commissioner —

(a) in respect of the period beginning at the commencement of the Act and ending on the 31st December, immediately following that commencement; and

(b) thereafter, in respect of every period of 12 months ending on 31st December,

within 30 days immediately after the end of each such period.

(2) Every return made under this regulation shall be in the appropriate form set out in the Thirteenth Schedule.

FIRST SCHEDULE

(reg. 2)

BL FORM 43/01

WORKMEN'S COMPENSATION ACT, 1977

(43 of 1977)

(section 8 (4))

NOTICE OF WORKMAN'S INTENTION TO LEAVE NEIGHBOURHOOD OF EMPLOYMENT

Notice to employer

Full name of employer:

Full address of employer:

Description of injury giving rise to periodical payments of compensation and circumstances in which injury suffered:

Amount of periodical payment currently being made: P.....

Date of first payment:

Interval of periodical payments: weekly/fortnightly/monthly

(Delete as applicable)

Having the intention of leaving the neighbourhood of my employment at the time of suffering the injury in respect of which compensation is currently being paid for the purpose of residing elsewhere, I hereby apply —

for redemption of the periodical payments referred to above by payment to me of a lump sum/

for the continuance of the periodical payments referred to above.
(Delete as applicable)

Date: Signature of workman:

Employer's endorsement of application

I approve the above application and –
in redemption of the periodical payments referred to above offer the applicant
a lump sum of P..... /

offer to continue the periodical payments referred to above at the applicant's
new place of residence.
(Delete as applicable)

Date: Signature of employer or person acting on
employer's behalf:

Workman's acceptance of employer's offer

I hereby accept –
the offer of a lump sum of P..... in redemption of the periodical
payments referred to above/

the offer to continue the periodical payments referred to above at my new place
of residence and undertake to make such place of residence known to my
employer forthwith.
(Delete as applicable)

Date: Signature of employer
or person acting on employer's behalf:
.....

Reference to Minister

Being unable to agree as to the redemption of the periodical payments referred to
above or their continuance in the changed circumstances, I hereby apply for a
decision on the matter.

Date: Signature of employer
or person acting on employer's behalf/
workman:

(delete as applicable)

Decision of Minister

IN EXERCISE of the powers conferred on me by section 8 (4) of the Act, I hereby
order –

the payment of a lump sum of Pula.....*
in redemption of the periodical payments referred to above/

*to be stated in words

continuation of the periodical payments referred to above at the workman's new place
of residence.

(Delete as applicable)

Date: Signature of Minister:

SECOND SCHEDULE

(reg. 3)

BL FORM 43/02

WORKMEN'S COMPENSATION ACT, 1977

(43 of 1977)

(section 9 (6))

EARNINGS OF WORKMAN

Basic wage of workman for wage period
(whether weekly, fortnightly or monthly)..... P.

Wages of workman..... P.....
(the expression "wage" or "wages" has the same meaning as in the Employment Act
(Cap. 47:01))

Overtime payment or other special
remuneration (whether by way of bonus
or otherwise) of constant character for
work habitually performed..... P.....

TOTAL earnings for week/
fortnight/month..... P.....
(delete as applicable)

Date:..... Signature of employer
or person acting on employer's behalf:

THIRD SCHEDULE

(reg. 4)

BL FORM 43/03

WORKMEN'S COMPENSATION ACT, 1977

(43 of 1977)

(section 11 (1))

VARIATION OF DISTRIBUTION OF COMPENSATION

Application to Minister to vary apportionment order

Full name of deceased workman:.....

Date of Minister's original order apportioning compensation:.....

Full name of applicant:.....

Full address of applicant:.....

.....

Reasons why original order ought to be varied:.....

.....

Date:..... Signature of applicant:.....

Decision of Minister

IN EXERCISE of the powers conferred on me by section 11 (1) of the Act, I hereby –
decline to make any further order/

vary the original order referred to above as follows –

<i>Name of dependent</i>	<i>Sum apportioned</i>	<i>Disposal</i>
<i>Variation</i>		

(Delete as applicable)

Date:..... Signature of Minister:.....

FOURTH SCHEDULE

(reg. 5)
BL FORM 43/04

WORKMEN'S COMPENSATION ACT, 1977
(43 of 1977)
(section 22 (3))

ACKNOWLEDGMENT IN RESPECT OF MONEY DEPOSITED
OR OTHER SECURITY FURNISHED IN LIEU OF INSURANCE

Full name of employer:

Full address of employer:

.....

Telephone number:

Amount deposited:

(to be stated in words)

or

Security furnished:

.....

.....

(full description to be given)

Date: Signature of Commissioner for Workmen's
Compensation:

Number of receipt issued by Accountant-General in respect of the sum of money/
deposit referred to above:

Date: Signature of Accountant-General:

FIFTH SCHEDULE

(reg. 6)
BL FORM 43/05

WORKMEN'S COMPENSATION ACT, 1977
(43 of 1977)
(section 23)

CERTIFICATE OF INSURANCE

This is to certify that —

.....

(full name of employer)

of

.....

(full address of employer)

is fully insured with this company against liability under the Workmen's Compensation
Act, 1977.

Date: Signature
and company seal:

Status of signatory
(manager, actuary, etc.):

SIXTH SCHEDULE

(reg. 7)
BL FORM 43/06

WORKMEN'S COMPENSATION ACT, 1977
(11 of 1977)
(section 25 (1))

NOTIFICATION OF CANCELLATION OF SURRENDER OF POLICY

Name of company or other person to whom certificate of insurance issued	Date of issue	Cancellation or surrender	Date effective

Date: Signature and company seal:
 Status of signatory
 (manager, actuary, etc.):

SEVENTH SCHEDULE

(reg. 8)
BL FORM 43/07

WORKMEN'S COMPENSATION ACT, 1977
(43 of 1977)
(section 29)

NOTICE OF INJURY

(For use in claim for compensation by or on behalf of a workman or the dependants of a deceased workman)

To
(full name of employer)

of

(full address of employer)

NOTICE IS HEREBY GIVEN that.....

.....
(full name, address and other identity particulars of workman)
 on the day of, 19,
(date of accident)

at
(place of accident)

incurred injury resulting in incapacity/death and
(delete as applicable)

that the cause of the injury was

.....

.....

(set out in plain terms the cause of the injury)

AND NOTICE IS HEREBY FURTHER GIVEN that in consequence thereof compensation is claimed from you under the Act.

DATED this day of 19.....

Signature of person giving notice:

Address of person giving notice:

.....

.....

EIGHTH SCHEDULE (reg. 9)

WORKMEN'S COMPENSATION ACT, 1977 **BL FORM 43/08**

(43 of 1977)

(section 30 (1))

INJURY REPORT

To: The Commissioner for Workmen's Compensation
or, outside Gaborone,
The Labour Officer of the District in which accident occurred.

From:

(full name of employer or person acting on employer's behalf)

of:

.....

.....

..... Telephone number:

(Full address and telephone number of employer or person acting on employer's behalf)

Date of accident	Nature of injuries	Resulting in*	Date of return to work (where applicable)

*Death, permanent incapacity, temporary incapacity.

Full name of workman:

Full address of workman:

.....

.....

Has next-of-kin been informed (in case of death only)? Yes/No
(delete as applicable)

Signature of employer or person acting on
employer's behalf:

NINTH SCHEDULE

(reg. 10)
BL FORM 43/09

WORKMEN'S COMPENSATION ACT, 1977
(43 of 1977)
(section 31 (2))

NOTIFICATION OF TIME AND PLACE OF ATTENDANCE UPON MEDICAL PRACTITIONER

To.....
(full name of workman)

of.....
.....
(full address of workman)

With reference to your notice dated the..... day of 19....., that you have incurred injury, you are hereby required to present yourself for medical examination by —

.....
(name of medical practitioner)

who is a medical practitioner nominated by me for the purposes of the Workmen's Compensation Act, 1977, at —

.....
(place at which medical examination to be conducted)

on.....
(date on which medical examination to be conducted)

at.....
(time at which medical examination to be conducted)

DATED this..... day of, 19.....

Signature of employer or person acting on employer's behalf:

TENTH SCHEDULE

(reg. 11)
BL FORM 43/10

WORKMEN'S COMPENSATION ACT, 1977
(43 of 1977)
(section 32 (1))

AGREEMENT AS TO COMPENSATION TO BE PAID BY EMPLOYER

(This form must be completed in triplicate, one copy to be kept by the employer, one copy to be kept by the workman and one copy to be kept by the Minister)

1. (a) Full name of employer:.....
(b) Full address of employer:.....

(c) Employer's business:.....

2. (a) Full name of workman:.....
(b) Full address of workman:.....

- (c) Workman's occupation:

(set out full details of the nature of the work and duties on which the workman was employed at the date of the accident)
- (d) Workman's age: (e) Sex:
- (f) Previous compensation awarded workman (if any):
3. (a) Date of accident:
- (b) Cause of accident:
-
- (c) Nature and circumstances of injury:
-
(set out full details of the injury and state whether incapacity is total or partial, permanent or temporary and, if partial, the percentage thereof and, if temporary, the duration thereof)
4. Details of contract of service:
-
(include the monthly earnings and the value of food, fuel or quarters, if provided)
5. Date of agreement:
6. Amount of compensation agreed upon: P.....
7. Persons to whom compensation payable:
-
8. Amount payable in lump sum: P.....

Amount and duration of periodical payments: P.....

(Delete as applicable)

9. Any other relevant information:
-
- Signature of workman: Signature of employer or person acting on
 employer's behalf:

Where the workman is unable to read and understand writing in the language in which the agreement is expressed the following form of certificate should be completed, dated and signed –

I HEREBY CERTIFY that I read over and explained to the workman the terms of this agreement and he appeared fully to understand and approve of the same.

Date: Signature of Minister/
 Magistrate/Labour Officer:
(delete as applicable)

On application being made to him for that purpose, the Minister may certify the agreement as follows –

I HEREBY CERTIFY this agreement under section 32 (2) of the Workmen's Compensation Act, 1977.

Date: Signature of Minister:

ELEVENTH SCHEDULE

(reg. 12)

BL FORM 43/10B

WORKMEN'S COMPENSATION ACT, 1977

(43 of 1977)
(section 32 (3))

APPLICATION TO CANCEL AGREEMENT AS TO COMPENSATION TO BE PAID BY EMPLOYER

(This application must be completed in triplicate by the party to the agreement seeking its cancellation and forwarded to the Commissioner for Workmen's Compensation)

- 1. (a) Full name of applicant:
- (b) Full address of applicant:
- 2. (a) Full name of other party to agreement:
- (b) Full address of other party to agreement:
- 3. Date of agreement:
- 4. Has the agreement been certified by Minister? Yes/No *(delete as applicable)*
- 5. If the agreement has been certified by the Minister, the date of his certification:
- (If agreement has not been certified by the Minister a photocopy of the agreement must be forwarded together with this application)*
- 6. Reasons for seeking cancellation of the agreement:

Decision of Minister

IN EXERCISE of the powers conferred on me by section 32 (3) of the Act, I hereby —
cancel the agreement referred to above on the grounds that
.....
and make the following order in relation thereto:

decline to cancel the agreement.

(Delete as applicable)

Date: Signature of Minister:

TWELFTH SCHEDULE

(reg. 13)

BL FORM 43/11

WORKMEN'S COMPENSATION ACT, 1977

(43 of 1977)

(section 34)

REQUIREMENT THAT COMPENSATION BE PAID BY INSTALMENTS

(This form to be completed by the workman making the requirement and forwarded to the Commissioner for Workmen's Compensation)

TO: THE MINISTER

- 1. (a) Full name of workman:
- (b) Full address of workman:
- 2. (a) Full name of employer:
- (b) Full address of employer:
- 3. Date of accident out of which injury arose:
- 4. I require that any compensation payable to me shall be paid by instalments —
- (a) of P. each;
- (b) at weekly/fortnightly/monthly intervals;
- (delete as applicable)
- (c) at
- (place at which instalments to be paid)

Date: Signature of Workman:

FOR OFFICIAL USE

- 1. Date in which injury reported by or on behalf of employer:
- 2. Amount of compensation awarded: P.
- 3. Amount of lump sum paid by employer to Minister: P.
- 4. Date of payment of first instalment:
- 5. Date of payment of last instalment:
- 6. Total amount of compensation paid to workman: P.

Date: Signature of Commissioner for Workmen's Compensation:

WORKMEN'S COMPENSATION ACT, 1977
(43 of 1977)

ANNUAL RETURN BY INSURER OR EMPLOYER (WHERE RECOURSE IS HAD TO SECTION 22 (3) OF THE ACT) IN RESPECT OF CASES IN WHICH COMPENSATION WAS PAID FOR INCAPACITY

<i>Name of insurer or employer</i>	<i>Number of cases in which compensation was paid for incapacity during 19</i>

<i>Types of cases in which compensation was paid for incapacity during 19</i>	<i>Amounts of compensation paid for incapacity during 19</i>
Cases continued from previous year	P
Cases in which first payment of compensation was made during 19	P
All cases	P

Date: Signature of insurer/employer or person acting on his behalf:

MADE this 9th day of January, 1980.

K.L. DISELE,
Minister of Home Affairs.