

FORM G
[See Rule 20]

APPLICATION FOR ORDER TO DEPOSIT COMPENSATION

To

The Commissioner for Workmen's Compensation

.....
.....residing at(applicant)

versus

.....
.....(opposite party)(Residing at)..... It is hereby submitted that

*(1)
.....a workman employed by (a contractor with) the opposite party received personal injury by accident on which accident arose out of and in the course of his employment resulting in his death on the day of20.....

The cause of the injury was.....

(2) the applicant (s) is / are a dependant (s) of the deceased workman being his **.....

(3) The monthly wages of the deceased amount to Rs The deceased was over/ under the age of 15 years at the time of his death.

#(4) (a) Notice of the accident was served on the day of
(b) Notice was served as soon as practicable ;
(c) Notice of the accident was not served (in due time) by reason of

(5) The deceased before his death received as compensation the total sum of Rs.....

(6) The applicant (s) is/are accordingly entitled to receive a lump sum payment of Rs.

It is therefore requested to award to the applicant the said compensation or any other compensation to which he may be entitled.

Dated the

Certified that the statement of facts contained in this application is to the best of knowledge and belief accurate

*Here insert the name of the deceased worker
**Here insert the relationship of the applicant to the deceased.
Strike out whichever is not applicable.