**Form H**

**APPLICATION FOR COMPENSATION BY DEPENDANTS**

**(Regulations 23 and 25)**

To the Commissioner for Labour,

.....

Between .....

.....residing at .....Applicant

and .....

.....residing at .....(company address)
Respondent

It is hereby submitted that :-

1. .....a workman employed by (a contractor with) the respondent on the .....day of....., 20....., received personal injury by accident arising out of and in the course of his employment resulting in his death on the .....day of ....., 20 ..... The cause of the injury was .....
.....
.....

2. The applicant(s) is a dependant(s) workman, being his .....
are

3. The monthly wages of the deceased amount to RM .....

The deceased was over the age of 16 years at the time of his death.
under

# 4. (a) Notice of the accident was served on the .....day of ....., 20.....

(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 RM .....

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

7. The applicant(s) has/have requested the respondent to deposit compensation and the latter has refused/omitted to do so.

# You are therefore requested to secure agreement to the following questions in dispute, namely:

(a) whether the deceased was a workman within the meaning of the Ordinance;

(b) whether the accident across out of and in the course of the deceased's employment;

(c) whether the amount of compensation claimed is due or any part of that amount;

(d) whether the respondent is liable to pay such compensation as is due;

(e) whether the applicant (s) is a/are dependant(s) of the deceased;

(f) how the compensation, when deposited, should be distributed;

(g) .....

.....

.....

.....

.....

Dated the .....

.....
Applicant

I .....do solemnly and sincerely declare that the statement of facts contained in this application is to the best of my knowledge and belief accurate.

.....

Applicant.

To .....

of .....

I do hereby require you to file with me the undersigned Commissioner a written statement dealing with the claim against you in the above application within ..... days after service thereof on you.

And further take notice that if fail to forward the statement in writing you will be deemed to admit the claim.

Date this .....day of ....., 20 .....

.....

Commissioner

** Here insert briefly in ordinary language the cause of the injury.*
*# Strike out the clauses which are not applicable.*
*^ As required.*

## LETTER OF AUTHORIZATION

The Honourable Commissioner Of Workmens Compensation

Ministry Of Human Resources Malaysia

Dear Sir/Madam,

I, _____ hereby authorize the Commissioner via its appointed affiliate bank / agent to carry out necessary deduction from the compensation amount payable for all relevant charges and costs incurred whilst the utilization of the "telegraphic transfer services" mechanism for the disbursement of compensation benefits.

Signature or Thumbprint stamp : _____

Name of dependant : _____

NRIC Number / Birth Certificate Nu. : _____

Number Of Bank Account : _____

Name of the bank : _____

Swift of bank code : _____

Date : _____

**Certified and endorsed by :-**

Name : _____

Designation : _____

Official Embassy stamp : _____

Signature : _____

Date : _____

**(To be completed by The Commissioner For Workmen's Compensation)**

Name of injured and/or deceased worker: _____

Passport Number : _____

File / case number : _____

Location of Labour Office : _____