

*\* Indicates mandatory information*

## Applicant's Details

Identity Card Number: \* \_\_\_\_\_

Name: \* \_\_\_\_\_

Surname: \* \_\_\_\_\_

## To be completed by Employer in the case of an Employed Person

I confirm that the mentioned accident / medical condition happened during / or in connection with the mentioned applicant's work. If the accident / medical condition did not happen during or in connection with employment, give further details.

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## Company's Details: \*

Name: \_\_\_\_\_

Address \_\_\_\_\_

Contact Number: \_\_\_\_\_

Email: \_\_\_\_\_

PE Number: \_\_\_\_\_

*Official Rubber Stamp*

VAT Number: \_\_\_\_\_

Indicate size of enterprise by ticking (✓)

Size of Enterprise	Tick (✓)
<b>0 employed (includes self-employed who do not employ any of them)</b>	<input type="checkbox"/>
<b>1 – 9 employed</b>	<input type="checkbox"/>
<b>10 – 49 employed</b>	<input type="checkbox"/>
<b>50 – 249 employed</b>	<input type="checkbox"/>
<b>250 – 499 employed</b>	<input type="checkbox"/>
<b>500 employed or more</b>	<input type="checkbox"/>
<b>Size of enterprise not known</b>	<input type="checkbox"/>

Did the applicant return to work? \*  Yes  No

If Yes, provide the following information:

I declare that the applicant has returned to work on (DD/MM/YYYY) \_ / \_ / \_ \_ \_ \_  
after being absent from work between (DD/MM/YYYY) \_ \_ / \_ \_ / \_ \_ \_ \_ to \_ \_ / \_ \_ / \_ \_ \_ \_

\_\_\_\_\_  
Employer's Signature

\_\_\_\_\_  
Date

**To be completed by a Police Officer in the case of a Self-Occupied Person**

I declare that an Injury Report at the place of work has been logged in by the applicant.

\_\_\_\_\_  
Police Officer Signature

\_\_\_\_\_  
Police Officer Number

\_\_\_\_\_  
Date

**To be completed by the Head of department in case of a Public Service Employee**

I hereby declare this application's submission without prejudice.

\_\_\_\_\_  
Name and Surname (Head of Department)

\_\_\_\_\_  
Identity Card Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date