

POWER OF ATTORNEY

(This form is fillable, please type out your information)

COMPANY STAMP <i>(or place this information on a company letterhead)</i>
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I, (name) _____, (attach copy of your ID) the undersigned in my capacity as _____, the authorised person hereby appoint Stephan Pietersen, jointly and severally, with power of substitution to be our COID Administrator and to consult on our behalf with the Compensation Fund with the lodgement and/or registration of any documents and forms which are necessary for lodgement, and/or amendments, additions or alterations to such information, and/or to make enquiries and investigate the records of the Company at the Compensation Fund. To attend to any other appointments, restrictions, cancellations, corrections, changes of address, and any other matters which may be entered at the Compensation Fund with regards to the Compensation for Occupational Injuries and Diseases Act or any legislation applicable thereto, and generally for effecting the purposes aforesaid to do whatsoever shall be requisite in the premises, hereby undertaking to ratify all that our said COID Administrator will lawfully do by these presents.

This Power of Attorney will be and remain in force from the date of signature.

Email us about news and updates about to the Compensation for Occupational Injuries and Diseases Act. You can opt out of receiving communication at any time.

Compensation Fund registration details

Company name	
Compensation Fund reg no	
VAT no, if applicable	
Email	
Tel no	
Physical address and postal code	
Website	
Date	
Signature	