



ENVIRONMENTAL ENQUIRY REGISTRATION FORM

(FORM TO BE COMPLETED IN BLACK INK)



1) PERSONAL DETAILS (Certified copy of ID to be included)

Surname & Name/s																	
ID No.:																Date of Birth:	
Passport No.:																Travel Doc No.:	
Physical Address:																	
Postal Address:																	
Contact Details:																	

2) DETAILS OF DECEASED INDIVIDUAL – DEPENDANT ENQUIRIES ONLY (Copy of ID & Death Certificate to be included)

Surname & Name/s																	
ID No.:																Date of Birth:	
Passport No.:																Relationship	
Cause of Death:																Date of Death:	

3) FATHER'S DETAILS (If Dependant Enquiry please specify father's details of the deceased person)

Surname & Name/s																	
ID No.:																Passport No.:	
Type of Employment:																	

4) MOTHER'S DETAILS (If Dependant Enquiry please specify mother's details of the deceased person)

Surname & Name/s																	
ID No.:																Passport No.:	
Type of Employment:																	

5) GUARDIAN'S/SPOUSE'S DETAILS (If Applicable)

Surname & Name/s																	
ID No.:																Passport No.:	
Type of Employment:																	

6) If you / the deceased (delete whichever is not applicable) lived with anyone who worked at a qualifying operation please supply the following details:

Surname & Name/s																	
ID No.:																Passport No.:	
Relationship:																	
Name of Mine (1):						Date From:						Date To:					
Name of Mine (2):						Date From:						Date To:					
Name of Mine (3):						Date From:						Date To:					

7) Life Events AND Residential History (If Dependant Enquiry please specify details of the deceased person):

Life Period	Dates	Place (All Residential Address Details to be recorded in full)
Birth		
Early Years		
Primary School Name/s		
High School Name/s		
After School		
Twenties		
Thirties		
Forties		
Fifties		
Sixties		
Seventies +		
Death		

8) Full Employment History (If Dependant Enquiry please specify details of the deceased person):

Date From	Date To	Employer/Company Name	Job Description	Place

9) Smoking history: (Please fill in as completely as possible):

How old were you in years when you first started regular cigarette smoking?	
How old were you when you stopped smoking cigarettes completely?	
How many cigarettes do you smoke per day now?	
Of the entire time you smoked, how many did you smoke in an average day?	

10) When and where do you believe that you or the deceased (as applicable) got exposed to asbestos?

11) Is there anything else you would like to share with us regarding your exposure or disease?

12) Please tick the applicable box applicable:

- I hereby confirm that the details provided above is, to the best of my knowledge and belief, true and correct and that all documents and copies supplied by me are authentic and true copies of the original documents. I also confirm that I understand that this registration form will be assessed by the Trust/s in terms of the Trust Deeds and that the decision regarding my potential claim will be final.
- I hereby confirm that the details provided above is, to the best of my knowledge and belief, true and correct and that all documents and copies supplied by me are authentic and true copies of the original documents. I also confirm that I was a legal dependant of the deceased at the deceased's date of death and that I understand that this registration form will be assessed by the Trust/s in terms of the Trust Deeds and that the decision regarding my potential claim will be final.

Signed at _____ (place) on this _____ day of _____ (month) 20_____

Signature: _____

Witness: _____

Name: _____

Name: _____

<i>For Office Use Only</i>												
Enquiry Reference No.:					Exposure Area:	ART	KRT	Dual	None			
Qualifying Criteria Verified:	Further Information Required				Does not Qualify		Referred for Assessment					
Environmental Panel No.:					ERG Ref No.:							