



# FEDERAL REPUBLIC OF NIGERIA

## NIGERIA SOCIAL INSURANCE TRUST FUND (NSITF)

(Employees' Compensation Act, 2010)

### AFFIDAVIT BY EMPLOYEE CONFIRMING ACCIDENT/OCCUPATIONAL DISEASE

This form must be completed by the injured/sick employee or his/her dependants and submitted along with Form **ECS.BF02**

**Warning!!!** It is a criminal offence to depose to false affidavit.

1. I, ..... the undersigned of (address) .....  
Tel. No. .... make oath and state as follows:
2. My Date of Birth is: (dd/mm/yyyy) ...../...../.....
3. (a) **For Accident Victim only**
  - i) That I injured my ..... on (date) (dd/mm/yyyy) ...../...../..... while in the employment of (Name with Employer Reg. No. and Address of Employer) .....  
.....
  - ii) That the accident occurred: (description) .....  
.....
  - iii) My gross earnings at the time of accident was N..... : .....K. per week/month
- (b) **For Victim of Occupational Disease only**
  - i) That I contracted the (name of disease) ..... which was diagnosed on (date diagnosed)(dd/mm/yyyy)...../...../..... about year (yyyy) ..... while in the employment of (Name with Employer Registration Number) ..... of (Address) .....
  - ii) That I was exposed to the following Agents while working with the said employer: (see schedule of Agents attached as guide).....  
.....
  - iii) That I was exposed to the Agents listed above for ..... years.
  - iv) That I contracted the disease by (description of how disease was contracted) .....
  - v) That I first consulted Medical Doctor:(Name, Practice No. and address of Doctor).....
  - vi) That a sworn statement by a witness familiar with conditions of the workplace, together with the Doctor's diagnostic Report are hereby attached
- (4) (a) That I notified Mr/Mrs: ..... on (dd/mm/yyyy) ...../...../..... of the accident/occupational disease
- (b) I did not notify my employer of the accident/occupational disease because .....  
.....
- (5) I was off duty for the following period(s) as a result of this accident/occupational disease  
From: ..... to .....  
From: ..... to .....
- (6) (a) I was discharged by my employer on ..... and is presently employed by .....

(b) I am still in the employment of my employer. Yes ☐ No ☐

7. (a) I have received cash advances/earnings of N..... : .....K. from my employer whilst I was off duty for the period..... to .....

(b) I am unemployed and had no income for the period(s) claimed for in item 5.

8. Remarks

.....  
.....

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SIGNATURE OR THUMB PRINT OF EMPLOYEE

1. I certify that before administering the oath/affirmation, I ask the deponent the following questions and wrote down his/her answer in his/her presence

(a) Do you know and understand the contents of the declaration: Yes ☐ No ☐

(b) Do you have any objection to taking the prescribed oath? Yes ☐ No ☐

(c) Do you consider the prescribed oath to be binding on your conscience? Yes ☐ No ☐

2. I certify that the deponent has acknowledged that he/she knows and understands the contents of this declaration which was sworn to/affirmed before me and that deponents signature/thumb print was placed in my presence.

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SIGNATURE OF THE COMMISSIONER OF OATH

Surname:..... First name: .....

Middle name: ..... Designation (Rank):.....

Date(dd/mm/yyyy): ...../...../..... Place:.....