

**NOTIFICATION OF OCCUPATIONAL ACCIDENT**

Form: 0-WI-009/ 0-Fo-003 ( 26 Oct.,09)

Version: 02

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Reg.No:

**1. Company name:** *Fujikura Fiber Optics Viet Nam Limited.*

**2. Company address:** 9 VSIP St. 6, Vietnam – Singapore Industrial Park, Thuan An Dist., Binh Duong Province.

**3. Telephone:** 0650-757848      **Fax:** 0650-757844

**4. Management organ:** Management board of Vietnam – Singapore Industrial Park

**5. Date/ time of occupational accident:** -----

**6. Place where occupational accident occurred:**

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**7. Victims of occupational accident**

Full name: ----- Age: ----- Sex: -----

Occupation: ----- Occupational skill: -----

Level of accident (death, serious injury, minor injury)

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**8. Summary of occupational accident**

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**9. Reasons of occupational accident ( if any)**

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Date: -----

Declarant (*Name, position*)

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