

## REPUBLIC OF VANUATU

## **COMPENSATION STRIKERS ACT NO. 17 OF 1996**

## **COMPENSATION ORDER NO.41 OF 1997**

To provide for the Application Form for claims for Compensation pursuant to the compensation Strikers Act No. 17 of 1996.

<u>IN EXERCISE</u> of the powers conferred by section 12(1) of the Compensation Strikers Act No. 17 of 1996, **I, VINCENT BOULEKONE**, Acting Prime Minister, and Minister of Finance, make the following Order:

#### APPLICATION FORM FOR COMPENSATION

1. All claims for compensation made pursuant to section 4 of the Compensation Strikers Act No. 17 of 1996 shall be made in the form provided for in the Schedule hereto.

#### COMMENCEMENT

2. This Order shall come into force on the date of its signature.

DATED this 24th

day of October, 1997.

Acting Prime Minister and Minister of Finance

## SCHEDULE

# REPUBLIC OF VANUATU

# COMPENSATION STRIKERS ACT NO.17 OF 1996

AP	PLICATION FORM FOR COMPENSATION	Form o/m 1/97
	,	
1.	Full namePay no	· • • • • • • • • • • • • • • • • • • •
	a) Address	
	Telephone: Fax:	,
	b) Date of Recruitment to Public Service:	, , , , , , , , , , , , , , , , , , ,
2.	Position held as at 14th March 1994	
3.	Salary ScaleAnnual Salary vt 14th March 1994.	as at
4.	Type of Allowances if any payable as at 14th Ma	arch 1994:
	1)vtvt	. per fortnight
	2) vt vt	* *
	3) vt vt	
	4) vt vt	
5.	Outstanding Annual Leavedays no	t taken which

6.	Attach any copies of documents verifying any matters referred to in paragraphs 2 to 5 above.
7.	A brief statement of your involvement in the strike.
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8.	This section only applies to those who have returned to duty in the Public Service:
	a) Effective date of return to duty
	b) Department
	c) Position
	d) Present Salary Scale Annual Salary vt
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I sertify that the above information is correct to the best of my knowledge and that I will be held personally responsible for any mistakes.
NameDate
Name of Eye
Witness:Date
Title
(To be witnessed by a recognise person, eg. Chief, Pastor, Government Officer, etc.)
Certify correct by PSD