

(Type your address) XYZ COMPANY LTD
P.O. Box 00001
DAR ES SALAAM
(Type today's date) 16th September 2019

Director General,
Workers Compensation Fund,
P.O. Box 79655,
DAR ES SALAAM.

**RE: INTRODUCTION OF AN AUTHORIZED PERSONNEL FOR REPORTING OF
OCCUPATIONAL INCIDENTS**

Please refer to the above caption.

I would like to introduce **Mr/Miss** *(fill in the three names of the authorized person)* as authorized personnel who will be notifying the Workers Compensation Fund all occupational incidents in relation to *(Type the name of your company)* XYZ COMPANY LTD.

I would like to further confirm that, the XYZ COMPANY LTD will be responsible for all incidents and information uploaded on the Fund's Online Notification Portal by the Authorised person and in case of any changes of Authorised personnel the Fund will be timely notified.

Thank you for your cooperation.

MANAGING DIRECTOR