

TERRITOIRE DE RUHENGERRI

B/3742/AI.12/02.-



To the office of the Provincial
Labour officer
Western Province

P.O.Box 161

FORT PORTAL.-

Sir,

Referring to your letter n°WCR/TCR/438/59
of the 11 th October 1960, I certify that the workman
Sebahungu, has been paid, in presence of Mr Dierckx de
Casterlé and Mr Speltinckx.-

Before the payment Mr Dierckx de Casterlé
questionned him in order to be sure that it would be
the right man

Sincerely yours.

L'ADMINISTRATEUR TERRITORIAL ASSISTANT PPAL
DECLERCQ.E.-



TELEPHONE

No.112.

TELEGRAMS

LABSEN

REFERENCE NO.

WCR/TOR/438/59.



LABOUR DEPARTMENT.
UGANDA.

OFFICE OF THE
PROVINCIAL LABOUR OFFICER,
WESTERN PROVINCE,
P.O.BOX 161,
FORT PORTAL.

11th October, 1960.

l'Administrateur Territorial,
Ruhengeri,
Ruanda Urundi.

Sir,

The injured workman Sebahungu s/o Ruzindi maintains that he has never received the money owing to him as compensation for the accident he suffered at Kilembe Mines on 24/9/59 (Shs.164/43).

2. The District Commissioner has signed the Agreement certifying that he has read over the terms and that the workman concerned has voluntarily accepted them - this officer was Monsieur Dierck de Castelle and the payment was made in the presence of a Monsieur Speltinck of P.O.Box 1726, Ruhengeri.

3. In the space marked for the payee's signature is written in English "unable to write" but there is no thumbprint.

4. The man maintains he has not received the money and I feel he may be telling the truth. Would you be so good as to go into this matter and confirm whether or not he has been paid.

I am, Sir,
Your obedient servant,

W. Anden

PROVINCIAL LABOUR OFFICER,
Western Province

WLSH/ASKB.

| | | |
|-------|------|--------------------|
| NO | 4760 | A1. 12/62 |
| D | | 4/11/1960 |
| TO | | ATAP |
| VISAS | | <i>[Signature]</i> |

TERRITOIRE DU RUANDA-URUNDI

Ruhengeri, le 3th july 60
de

RUANDA-URUNDI GEBIED

RÉSIDENCE DU RUANDA

TERRITOIRE DE RUHENGERI.-

(1) N° MOI.7/01/2398

Réf. n° : WCR/TOR/438/59

Annexe
Bijlage : 6

Objet
Voorwerp : accident SABAZHANGU

to Mr.W.PROVINCE
Provincial Labour Officer
P.O.Box 161
Fort Portal
UGANDA

Sir,

I return you herewith three copies
of the two agreement forms.

Yours sincerely,

l'Administrateur Territorial

p.o. l'Administrateur Territorial Assistant

SPELTINX G.L.


(1) Rappeler dans la réponse la date et le numéro — In het antwoord nummer en dagtekening vermelden.

BANQUE DU CONGO BELGE

Société congolaise à responsabilité limitée

Siège social : Léopoldville

Reg. du Com. : Léopoldville 2577 - Usumbura 1628

Adresse télégraphique : CONGOBANK

Stanleyville , le 20 mai 1960

DI/SH/r.P

RECOMMANDÉ

Monsieur l'Administrateur
du Territoire de RUHENGARI
DISTRICT du RUANDA

Nous vous remettons ci-joint : documents nous transmis par la
BARCLAY BANK KAMPALA, relatif à notre chèque postal n° 10017.

2276

A 1.12/02

24/6/60

ATAP

To 93 Fr

see pi est le chèque postal ?

Nous vous prions de nous retourner le duplicata de la présente dûment
daté et revêtu de votre signature aux fins d'accusé de réception.

Veuillez agréer l'assurance de notre considération distinguée.

BANQUE DU CONGO BELGE

Succursale de

Siège de Stanleyville

c/o Chef Léopolisi
R. Koro - Bukumbura

A.S.
Ruhengeri

9 avril 60

TERRITOIRE DE RUHENGERRI

to the Director of Education
P.O.Box 3207
KAMPALA
UGANDA

account on behalf of the
dependents of M.Sabazhangu.

Sir,

I received your letter asking me to deliver to
M.Sabazhangu the sum of 164 shs 43 cents.

I return you the crossed cheque with the attached
papers and ask you to forward me an international post office-
mandate instead of it.

Yours sincerely,

L'ADMINISTRATEUR DE TERRITOIRE

ADMINISTRATEUR de
TERRITOIRE du RUANDA,
PROVINCE du KIVU,
DIST. du NORTH KIVU,
TERRITOIRE du BEN',
CONGO BELGE



EDUCATION DEPARTMENT,
P.O. Box 263,
KAMPALA, UGANDA.

SEN. ACCT,
With the Compliments of the ~~Director of~~ Education. DÉPT

| | |
|------|------------|
| 1457 | A112 |
| 15 | -5.IV.1960 |
| 16 | ATAF |
| 17 | D |

Répondre en renvoyant
 le chèque qu'on a bien
 reçu de cette main qu'on
 ne peut pas toucher le chèque
 barri. Lui demander
 d'envoyer un mandat
 international.

?

TELEPHONE

No.49

TELEGRAMS

LABOUR

REFERENCE NO.

WCR/TOR/438/59.



LABOUR DEPARTMENT.
UGANDA.

P.O.BOX 161,
FORT PORTAL.

23rd February, 1960.

The Senior Accountant,
Education Department,
Accounts Branch,
P.O.Box 3207,
Kampala.

DEPOSIT ACCOUNT - PROVINCIAL LABOUR OFFICER, W.P.
ACCIDENT TO SABAZHANGU S/O RUZINDE MINE No. 564

I forward herewith a voucher for the sum of Shs.164/43 (one hundred sixty four and cents forty three) being compensation to Mr.Sabazhangu. I shall be grateful if you will arrange for a cheque to be forwarded to the Congo authorities in accordance with a procedure hitherto adopted by the Treasury Officer of Accounts, Kampala.

2. Mr.Sabazhangu's address is:

| | |
|------------|-----------|
| Village: | Rukero |
| Gombolola: | Bukamba |
| Saza: | Ruhengere |
| District: | Rwanda. |

3. The enclosed 4 copies of the Agreement Forms (L.D.Form 35) should be forwarded together with a cheque for Mr.Sabazhangu's signature and that of the District Commissioner of the District who will effect payment. By the means of an additional copy of this letter which *you* will no doubt forward with a cheque, I am requesting the Congo Authorities kindly to return three copies of the aforementioned forms to me after effecting payment for the record purposes.

4. You will no doubt send me a copy of the paid voucher for Audit purposes.

5. In accordance with the instructions set out in paragraph (F)ii of your Circular C.50 dated 9th December, 1959, I also attach a relative "Transmission Slip" (Form CA/1).

Robert O. O. O.
for PROVINCIAL LABOUR OFFICER, W.PROVINCE.

c.c. Kilembe Mines Ltd.,
P.O.Box 1,
Kilembe.



THE WORKMEN'S COMPENSATION ORDINANCE, 1949
(Section 16 (1))

**FORM OF AGREEMENT AS TO COMPENSATION TO BE PAID BY
THE EMPLOYER IN A CASE OF PERMANENT TOTAL INCAPACITY,
PERMANENT PARTIAL INCAPACITY OR DEATH**

AN AGREEMENT made the day of, 19.....,
BETWEEN M/s. Kilembe Mines Ltd., of P.O. Kilembe.
(hereinafter called "the employer") of the one part AND Sabashungu s/o Buzinde.
of P.O. Kilembe. (hereinafter called "the workman"*) of the other part—

WHEREAS on the 24th day of September, 19 59,
the workman was employed by the employer in the capacity of General Labourer
and on the same day personal injury by accident arising out of and in the course of his employment was
caused to the workman in respect of which he claims that the employer is liable under the Workmen's
Compensation Ordinance, 1949, to pay to him compensation:

AND WHEREAS the injury thereby sustained has resulted in—

- (a) Permanent partial incapacity assessed at 2%
(b) Permanent total incapacity
(c) Dependency assessed at

(NOTE.—Cross out lines which do not apply).

AND WHEREAS pursuant to the provisions of the said Ordinance the parties hereto have agreed that
the liability (if any) of the employer shall be satisfied by the compensation herein agreed to be made:

NOW IT IS HEREBY AGREED as follows—

1. As compensation for such injury as aforesaid the employer will pay to the workman the lump
sum of Shs. One Hundred and Twenty Eight and cents Seven Seven Only.
in full and final discharge of the liability (if any) of the employer under the said Ordinance.

2. The workman will accept the aforesaid lump sum in full discharge of all liability of the employer
to pay compensation under the said Ordinance.

AS WITNESS our hands the day and year first above written.

X Signed by [Signature] X
the employer in the presence of—

Name D. M. A. Baskett

Address Box 99, Kilembe

Occupation Secretary

for receipt see overleaf.

X Signed by unable to write X
the workman in the presence of—

Name

Address

Occupation

Certificate to be signed in the case of a workman who is unable to read and understand writing.

I HEREBY CERTIFY that I have read over and explained the terms of the agreement to the workman
named therein and that he understands and has entered into the agreement voluntarily in my presence.

Signature of District Commissioner [Signature] M. DIERCKX de CASTERLE

Designation Adm. Tr. r. Ass. Prnt. Rudungu

APPROVED under section 16 (1) of the Workmen's Compensation Ordinance, 1949.

(Designation)

Labour Commissioner

or

Authorised Officer

[Signature]
for PROVINCIAL LABOUR OFFICER (W.P.)

*NOTE. "Workman" in this Agreement has the same meaning as defined in Section 2 (3) of the Workmen's Compensation Ordinance.

RECEIPT.

I, s/o Razinda have received the
sum of Shs.128.77 being the compensation due to me under the
Workmen's Compensation Ordinance.

Signature ... *W. H. K. ...*
FOR PAYING W. H. K. ...

Witness to payment

Date..... *Feb. 19/62*

WORKMEN'S COMPENSATION ORDINANCE, 1949

(Section 16 (1))

**FORM OF AGREEMENT AS TO COMPENSATION TO BE PAID BY THE
EMPLOYER IN A CASE OF TEMPORARY TOTAL, OR TEMPORARY
PARTIAL, INCAPACITY.**

An Agreement made the day of 19.....
 BETWEEN M/s. Kilembe Mines Ltd., of P.O. Kilembe.
 (hereinafter called "the employer") of the one part AND Sbashungu s/o Buzinde.
 of P.O. Kilembe. (hereinafter called
 "the workman") of the other part:

WHEREAS on the 24th day of September, 1959, the workman
 was employed by the employer in the capacity of General Labourer.
 and on the same day personal injury by accident arising out of and in the course of his employment was
 caused to the workman in respect of which he claims that the employer is liable under the Workmen's
 Compensation Ordinance, 1949, to pay to him compensation:

AND WHEREAS pursuant to the provisions of the said Ordinance the parties hereto have agreed
 that the liability (if any) of the employer in respect of Temporary Incapacity shall be satisfied by the
 compensation herein agreed to made:

NOW IT IS HEREBY AGREED as follows:—

As compensation for such injury as aforesaid the employer will pay to the workman each
 the sum of Sh. 33.66 such periodical payments to commence as from the
 day of 19..... and to continue during the temporary total or temporary partial
 incapacity of the workman for work or until the same shall be ended, diminished, increased or converted
 into a lump sum in accordance with the provisions of the said Ordinance. X

AS WITNESS our hands the day and year first above written.

X SIGNED by [Signature] X
 the employer in the presence of:—

Name M.A. Kerbett

Address Box 99, Kilembe

Occupation Secretary

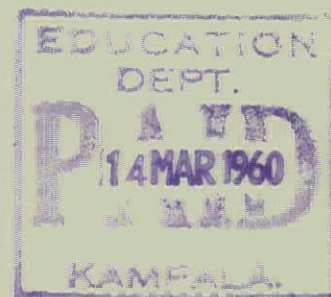
for Receipt see overleaf.

X SIGNED by X
 the workman in the presence of:—

Name

Address

Occupation

**Certificate to be Signed in the case of a Workman who is unable to read
and understand writing.**

I HEREBY CERTIFY that I have read over and explained the terms of the agreement to the workman
 named therein and that he understands and has entered into the agreement voluntarily in my presence.

Signature of District Commissioner [Signature]

Designation SECRETARY TO GOVERNMENT

Approved under section 16 (1) of the Workmen's Compensation Ordinance, 1949.

Adm. T. r. Ass. Ppt. [Signature]
Buzinda

Signature

Designation FOR PROVINCIAL LABOUR OFFICER, (W.P.)

RECEIPT.

I,.....s/o Ruzinde have received the sum of
Shs.35.66 being the compensation due to me under the Workmen's
Compensation Ordinance.

Signature*[Signature]*.....

Witness to Signature
payment.*[Signature]*..... KRPF KB 27

Date*[Signature]*.....