

Form N.
 WORKERS' COMPENSATION ACT, 1912-1939.
 (Section 10A.)
 (Regulation 20.)

Monthly Statement of lapsed Policies by Employers.

Name of approved insurance office.....
 Address
 Date of approval.....
 Number of approval.....

The Hon. Minister for Labour,
 C/o Office of Chief Inspector of Factories, Perth.

The following are the names, addresses and occupations of each employer in respect of whom during the month of....., in the year....., the above insurance office has marked in its books as lapsed a policy of insurance held under the Workers' Compensation Act, 1912-1939:—

Name.	Address.	Occupation.

.....
 Signature of Responsible Officer.

Position held by officer.....
 Date.....

Note:—Names to be inserted in lexicographical order. Form to be submitted within 14 days from the end of each month.

Form O.
 WORKERS' COMPENSATION ACT, 1912-1939.
 Inspector.

This is to authorise Mr....., whose signature appears in the margin hereof, to have access to, inspect, and peruse any statement submitted in accordance with section 10A of the above Act, or of regulation 20 made thereunder, and to institute the inquiries authorised under the provisions of section 10B thereof.

.....
 Signature of person authorised.

.....
 Minister for Labour.

Date.....

L. E. SHAPCOTT,
 Clerk of the Council.

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