

Approved form AF2002-129

made under the

Workers Compensation Rules 1938

Workers Compensation Rules 1938—Form 5

(see r 13)

Application for arbitration in relation to the review, termination, diminution, increase, or redemption of a weekly payment

C.D., [address] [description] of Applicant,
and

A.B. [address] [description] of

[or as the case may be]

An arbitration under the *Workers Compensation Act 1951*, is requested between C.D. and A.B.

[or as the case may be]

in relation to the review and termination [or diminution, or increase, or redemption, as the case may be] of the weekly payment payable to A.B.

under the Act in relation to personal injury arising out of and in the course of his or her employment.

Particulars are appended [or annexed.]

Particulars

- 1 Name and address of injured worker.
 - 2 Name and place of business of employer by whom compensation is payable.
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