## FORM L

[See rule 48]

## MEMORANDUM OF AGREEMENT

personal injury accident arising of	was caused ut of and in th	to, e course of his en	residing at nployment in	
The said workman	n's monthly wa	ages are estimated	at Rs	
	_	•	•	rears on The said t following payments,
Rs	on	Rs	on	
Rs	on	Rs	on	
Rs	on	Rs	on	
•••••	•••••	•••••	•••••	
agreed to pay Rs	and, the sa in full se t, 1923, in resp	aid workman ha ettlement of all a pect of the disable	as agreed to nd every claim ment should abo	f the said workman has accept the sum of under the Workmen's ove and all disablement uly recorded.
<i>Dated</i> 19				
Signature employer				of
Witness	•••••	•••••		
Signature workman				of
Witness				
	d that the othe	r party has agreed	_	under the signature of t both signature should
Receipt (to be fille	ed in when the	money as actually	been paid).	
In accordance w		e agreement. I	have this day	received the sum of
				Workman
Dated, 1	19			
The money has be	en paid and th	is receipt signed in	n my presence	witness.

**Note :—** This form may be varied to suit special cases, *e.g.* injury by occupational disease, agreement when workman is under legal disability, etc.