**DA053 - Request for Information to Determine the Amounts**

**Purpose of the SED:**

The Member Stare to which the declaration or notification of the occupational disease was forwarded requests the Member State against which decision to refuse benefits an appeal was lodged for information about amounts for the purpose of advance payments.

For general remarks applicable to all the AWOD SEDs click [here](AWOD_SEDs_General_Remarks.docx).

**Data required:**

*No specific mandatory fields in DA053.*

In order to see the content and explanatory notes of SED DA053 please click [here](Forms/DA053_en.htm).