

NEXT OF KIN CONFIRMATION FORM (Death/Missing Person)

1. Deceased Particulars

Surname		First name		Middle Name	
PEN _____					
Date of Birth (dd/mm/yy)	Date of Death (dd/mm/yy)	Date of Disappearance (If a miss Person) (dd/mm/yy)	<input type="checkbox"/> Sex (M/F)	Effective Date of Retirement (If a retiree) (dd/mm/yy)	Marital Status
Name of Employer & Address: _____					

2. NOK Particulars:

Surname		<input type="checkbox"/> Sex (M/F)	First name	Middle Name	
Date of Birth (Dd/mm/yy)	State of Origin		LGA	Marital Status	
Name of Home _____					
Address: _____					
Relationship: _____			Mobile Phone No. _____		

3. NOK Bank Details:

Bank Name	_____
Account Name:	_____
Account Number:	_____
Branch Name:	_____
Signature: _____	Date _____

For Official use

Verified by : _____

Signature: _____	Designation _____	Date _____
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