

DEATH BENEFIT REGISTRATION FORM

Form ID

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A. NEXT OF KIN PERSONAL DATA

First Name					Middle Name					Surname			Local Government (see reverse code)	
Title		Date of Birth			Sex (M/F)	Marital Status (M/S/D/W)			State of Origin (see reverse code)			Local Government (see reverse code)		
		D D M M Y Y			[]	[]			[]			[]		
Relationship														
Permanent Residential Address														
Phone Number														
Email														
Name of Bank														
Name of Bank														
Account Number Number							Branch							

B. DECEASED PERSONAL RECORD

First Name					Middle Name					Surname				
Name of Employer														
Office Address														
Town							State (see reverse code)							
Designation										File No. or ID No.				
Date of First Employment				Date of Death				Salary Structure			Grade Level		Step	
D D M M Y Y				D D M M Y Y				[]			[]		[]	

CERTIFICATION BY NOK

I hereby certify that the information provided is true and correct

Signature

D	D	M	M	Y	Y
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Right Thumb Print

Passport Photo