

DEATH BENEFIT REGISTRATION FORM

1. Next-of Kin Personal Data:

Surname	First Name	Middle Name
Title (Mr/Mrs/Mal/Alh)	Date of Birth (dd/mm/yy)	Sex (M/F)
	Relationship	Marital Status (M/S/D/W)
	State of Origin	LGA
Residential Address	Telephone number	
Name of Bank	Account number	Account Name
Branch name		

2. Deceased Personal Record:

Surname	First Name	Middle Name
Employer Name & Address		
Town	State	Employer Code
Designation	Employee ID No.	
Date of Appointment (dd/mm/yy)	Grade Level	Step
Date of Death: (dd/mm/yy)	Date of Death/Disappearance (dd/mm/yy)	Grade Level
	Step (As at June 2004)	Grade Level
		Step (At time of death)

CERTIFICATION BY NOK

Left Thumbprint	Right Thumbprint	Signature of NOK	Affix Recent Passport Photography (NOK)
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