



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) Sex (M/F) Effective Date of Retirement (If a retiree) (dd/mm/yy) Marital Status

Name of Employer & Address: _____

2. NOK Particulars:

Surname 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