

**DEATH BENEFIT REGISTRATION FORM**

**1. Next-of Kin Personal Data:**

<input style="width: 100%; height: 20px;" type="text"/> Surname	<input style="width: 100%; height: 20px;" type="text"/> First Name	<input style="width: 100%; height: 20px;" type="text"/> Middle Name				
<input style="width: 100%; height: 20px;" type="text"/> Title (Mr/Mrs/Mal/Alh)	<input style="width: 100%; height: 20px;" type="text"/> Date of Birth (dd/mm/yy)	<input style="width: 100%; height: 20px;" type="text"/> Sex (M/F)	<input style="width: 100%; height: 20px;" type="text"/> Relationship	<input style="width: 100%; height: 20px;" type="text"/> Marital Status (M/S/D/W)	<input style="width: 100%; height: 20px;" type="text"/> State of Origin	<input style="width: 100%; height: 20px;" type="text"/> LGA
<input style="width: 100%; height: 20px;" type="text"/> Residential Address	<input style="width: 100%; height: 20px;" type="text"/> Telephone number					
<input style="width: 100%; height: 20px;" type="text"/> Name of Bank	<input style="width: 100%; height: 20px;" type="text"/> Account number	<input style="width: 100%; height: 20px;" type="text"/> Account Name				
<input style="width: 100%; height: 20px;" type="text"/> Branch name						

**2. Deceased Personal Record:**

<input style="width: 100%; height: 20px;" type="text"/> Surname	<input style="width: 100%; height: 20px;" type="text"/> First Name	<input style="width: 100%; height: 20px;" type="text"/> Middle Name			
<input style="width: 100%; height: 20px;" type="text"/> Employer Name & Address					
<input style="width: 100%; height: 20px;" type="text"/> Town	<input style="width: 100%; height: 20px;" type="text"/> State	<input style="width: 100%; height: 20px;" type="text"/> Employer Code			
<input style="width: 100%; height: 20px;" type="text"/> Designation	<input style="width: 100%; height: 20px;" type="text"/> Employee ID No.				
<input style="width: 100%; height: 20px;" type="text"/> Date of Appointment (dd/mm/yy)	<input style="width: 100%; height: 20px;" type="text"/> Grade Level	<input style="width: 100%; height: 20px;" type="text"/> Step			
<input style="width: 100%; height: 20px;" type="text"/> Date of Death: (dd/mm/yy)	<input style="width: 100%; height: 20px;" type="text"/> Date of Death/Disappearance (dd/mm/yy)	<input style="width: 100%; height: 20px;" type="text"/> Grade Level	<input style="width: 100%; height: 20px;" type="text"/> Step (As at June 2004)	<input style="width: 100%; height: 20px;" type="text"/> Grade Level	<input style="width: 100%; height: 20px;" type="text"/> Step (At time of death)

**CERTIFICATION BY NOK**

<div style="border: 1px solid black; width: 100%; height: 100%;"></div> <p>Left Thumbprint</p>	<div style="border: 1px solid black; width: 100%; height: 100%;"></div> <p>Right Thumbprint</p>	<div style="border: 1px solid black; width: 100%; height: 50px;"></div> <p>Signature of NOK</p>	<div style="border: 1px solid black; width: 100%; height: 100%; padding: 5px;"> <p>Affix Recent Passport Photography (NOK)</p> </div>
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