



**DEATH NOTIFICATION FORM**

**DETAILS OF DECEASED RETIREE**

NAME OF DECEASED: .....

PENCOM PIN:.....

LAST EMPLOYER:.....

ADDRESS OF LAST EMPLOYER:.....

.....

LAST RESIDENTIAL ADDRESS OF DECEASED:.....

.....

LAST CONTACT TELEPHONE NUMBER OF DECEASED:.....

DATE OF DEATH:.....

CAUSE OF DEATH: .....

PLACE OF DEATH:.....

DEATH CERTIFICATE ATTACHED (YES/NO) .....

PASSPORT  
PHOTOGRAPH  
OF DECEASED

**REPORTING NEXT-OF-KIN DETAILS**

NAME OF NOK:.....

ADDRESS:.....

.....

CONTACT PHONE NUMBER:.....

MARITAL STATUS:.....

RELATIONSHIP WITH DECEASED:.....

DATE OF NOTIFICATION:.....

MEANS OF IDENTIFICATION ATTACHED: .....

PASSPORT  
PHOTOGRAPH OF  
REPORTING NOK