# DEATH BENEFIT APPLICATION FORM

## 1. Next – of – Kin Personal Data:

Surname

Middle Name

Last Name

Relationship

Surname

Middle Name

Last Names

Relationship

Permanent Residential Address

Phone No

E-mail Address

Name of Bank

Account Name

Account No

Branch

Deceased First Name

Deceased Middle Name

Deceased Surname

Name of Employer

PIN

PEN

## Please attach the following documents:

1. Means of Identification(National I.D/Drivers License or International Passport)
2. Two Passport Photograph each of Next of Kin(s)
3. Letter or Administration from Next of Kin
4. Next of Kin Indemnity Form
5. Bank Confirmation of Individual/Joint Account of Next of Kin(Include sort code)
6. Medical Certificate of death/Death Registration

NOK Signature: …….. Date:…….