



APPENDIX A

DEATH BENEFIT REGISTRATION FORM

DBA/024/

(Official use only)

1 Next - of - Kin Personal Data:

<input type="text"/>	<input type="text"/>	<input type="text"/>
First Name	Middle Name	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>
Title	Date of Birth (dd/mm/yy)	Sex (M/F)
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
		Marital Status (M/S/D/W)
<input type="text"/>	<input type="text"/>	<input type="text"/>
		State of Origin
<input type="text"/>	<input type="text"/>	<input type="text"/>
		Local Government
Relationship	<input type="text"/>	
Permanent Residential Address	<input type="text"/>	
	<input type="text"/>	
	<input type="text"/>	
Phone No	<input type="text"/>	E-mail <input type="text"/>
Name of Bank	<input type="text"/>	
Account Name	<input type="text"/>	
Account No.	<input type="text"/>	Branch <input type="text"/>

2 Deceased Personal Record

<input type="text"/>	<input type="text"/>	<input type="text"/>
First Name	Middle Name	Surname
Name of employer	<input type="text"/>	
Office	<input type="text"/>	
	<input type="text"/>	
	<input type="text"/>	
	<input type="text"/>	State <input type="text"/>
Designation	<input type="text"/>	
File No. or ID	<input type="text"/>	<input type="text"/>
Address	<input type="text"/>	

Town

No.

Date of first employment

Salary Structure

(dd/mm/yy)

Date of Birth

(dd/mm/yy)

Date of Death

(dd/mm/yy)

As @ June 2004:

Grade Level

Step

As @ time of death:

Page 1 of 2

Grade Level

Step

SP/SS/066

3

CERTIFICATION BY NOK

I hereby certify that the information provided is true and correct

Signature & Date

Left Thumb Print

Right Thumb Print

Passport Photo

OFFICIAL USE

4

PLEASE ATTACH COPIES OF:

	Yes	No
Medical Certificate of Death	<input type="checkbox"/>	<input type="checkbox"/>
Certificate of Registration of Death	<input type="checkbox"/>	<input type="checkbox"/>
Police Report (if death by accident)	<input type="checkbox"/>	<input type="checkbox"/>
Letter of Administration/Will admitted to Probate	<input type="checkbox"/>	<input type="checkbox"/>
Declaration of Wish/ Evidence of Nomination of NOK (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>

