



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 TELPHONE 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