



KABARNET UNIVERSITY COLLEGE

LIST OF EMPLOYEE DEPENDANTS

1.0 EMPLOYEE INFORMATION

NAME OF EMPLOYEE: PF. NO.....

ID/NO: DATE OF BIRTH(d/m/y)

NHIF/NO: GENDER:

2.0 JOB INFORMATION

DATE OF FIRST APPOINTMENT :

DESIGNATION: GRADE:

SCHOOL DEPARTMENT:

CELL PHONE NO: EMAIL

3.0 DEPENDANT(S)

3.1 Spouse

NAME: DATE OF BIRTH:

3.2 Dependant Children

	NAME	DATE OF BIRTH

4.0 EMERGENCY CONTACT INFORMATION

NAME:

RELATIONSHIP:

ADDRESS: CELL PHONE:

5.0 DECLARATION

I hereby declare that the information provided above is a true representation of my dependants as at

DATE: SIGNATURE:

APPROVED BY:

SIGNATURE: DATE:
FOR: DEPUTY PRINCIPAL - (Administration, Planning and Finance)

***NB: PLEASE ATTACH BIRTH CERTIFICATES/NOTIFICATIONS FOR YOUR CHILDREN
AND MARRIAGE CERTIFICATE FOR SPOUSE***