



KABARNET UNIVERSITY COLLEGE
NEXT OF KIN FORM

AS AT.....

NAME OF THE EMPLOYEE..... PF NO.....

1. NAME OF NEXT OF KIN.....

RELATIONSHIP.....

I.D NO.....

P. O. BOX.....

TEL.....

ALTERNATE NEXT OF KIN (IN CASE WE CANNOT GET HOLD OF THE NEXT OF KIN)

2. NAME OF NEXT OF KIN.....

RELATIONSHIP.....

I.D NO.....

P. O. BOX.....

TEL.....

TO THE BEST OF MY KNOWLEDGE THE INFORMATION GIVEN ON THIS FORM IS TRUE.

COMPILED BY.....

SIGNATURE: DATE

NB: NEXT OF KIN MUST BE PERSONS OVER THE AGE OF 18YRS