



EGBE AROBAYO(OKUNRIN)AKILE IJEBU

NEXT OF KIN FORM

DETAIL OF MEMBERS

NAME.....
HOME ADDRESS.....
TOWN

PHONE NUMBER.....

EMAIL ADDRESS.....

Strictly Private & Confidential
Giwa, Giwa-In-Council & Executive Council

Dear Sir

RE: NOMINATION OF INSURANCE BENEFICIARIES

In connection with all benefits accruing on my death , I hereby nominate :- **(COMPLETE IN BLOCK CAPITAL CLEARLY AND STRICTLY)**

S/N	Full Name	Relationship	Date of Birth	Contact Detail Address/Telephone/Email.	%

To be my dependant(s) under the terms and conditions applied by the Insurance benefits of the Egbe.

I confirm that this nominations is from me, it cancels and supersedes any previous nomination.

NAME.....**SIGNATURE**.....**DATE**.....