



NAFF F5

Passport
of
NOK

DEATH CLAIM FORM

PART A

(To be completed by Next of Kin)

1. Name in Deceased _____
2. Rank _____
3. Svc No _____
4. Last Unit _____
5. Full Name of NOK _____
6. Address of NOK _____
(Post Office Box not to be used)
7. Relationship with the Deceased _____

8. I, _____ Declare that the information contained above are to the best of my knowledge correct and that I am the bonafide beneficiary as willed by the deceased.

Signature and Date

PART B

(To be completed by Unit Comd)

10. I, _____ Rank _____ Svc No _____
or _____ hereby certify that the information shown in part A above is correct.

Appointment: _____

**Signature
Date and Unit Stamp**