

Information for Next of Kin

Instructions: Please complete this form with accurate and up-to-date information. Once completed, share a copy with your next of kin and retain a copy for your personal records.

Details	
Employee Information	
Full Name	
Employee ID Number	
Contact Number	
Home Address	
Emergency Contacts	
Primary Contact Name	
Relationship to Employee	
Contact Number	
Secondary Contact Name	
Relationship to Employee	
Contact Number	
Medical Information	
Medical Aid Provider	
Membership Number	
Medical Conditions/Allergies	
Will Details	
Location of the Will	
Executor Name and Surname	
Executor Email Address	
Executor Contact Number	
Bank Account Details	
Bank/Company Name	
Account Number	
Branch Code	
Type of Account	
Bank PIN (optional)	
Income Tax Reference Number	

Other Policies	
Insurance Provider Name	
Policy Number	
Coverage Details	
Provident/Pension Fund Provider	
Membership/Policy Number	
Provider Contact Info	
Other Policy Placeholder Details:	
Other Policy Placeholder Details:	
Workplace Emergency Contact	
Contact Name	Mrs. Sasha-Lee Horn
Position/Department	Human Resources
Contact Details	+27 10 730 1500