**NEXT OF KIN FORM**

**PARTICULARS OF OFFICER**

Surname………………………………………………………………………………………

Other Names…………………………………………………………………………………

Date of First Appointment………………………………………………………………..

**Particulars of next of kin (person to be contacted in-case of emergency)**

Full names………………………………………………………………………………….

Relationship to Officer……………………………………………………………………

Address………………………………………………………………………………………

Email Address (*if any*)……………………………………………………………………

Telephone No…………………………………...Mobile…………………………………

**Particulars of alternative next of kin (in-case the person named cannot be traced)**

Full names……………………………………………………………………………………..

……………………………………………………………………………………………………

Relationship to Officer……………………………………………………………………..

Address…………………………………………………………………………………………

Email Address……………………………………………………………………………….

Telephone No…………………………………Mobile…………………………………….

………………………………………... …………………………………

 Signature Date