KEFRI/F/HR/022

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**EMERGENCY CONTACT 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 name……………………………………………………………………………………..

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

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

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

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

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

………………………………………... …………………………………

Signature Date

\****please note that this form is for emergency Purposes only and not for benefits administration****.*