



AHMADU BELLO UNIVERSITY

P/JP NUMBER: _____

DATE: _____

NEXT OF KIN NOMINATION FORM

TO: THE REGISTRAR,
AHMADU BELLO UNIVERSITY, ZARIA

FIRST BENEFICIARY

SECOND BENEFICIARY

NAME: _____

NAME: _____

RELATIONSHIP: _____

RELATIONSHIP: _____

ADDRESS: _____

ADDRESS: _____

I, _____
(FORENAMES IN FULL) (SURNAME IN FULL)

OF THE DEPARTMENT OF _____ HEREBY
REQUEST THE AUTHORITY OF AHMADU BELLO UNIVERSITY, ZARIA IN THE EVENT OF MY DEATH, PAY MY BENEFITS

TO _____
(FULL NAME)

MY FIRST BENEFICIARY WHOSE PHOTOGRAPH IS ATTACHED ON THE LEFT HAND SIDE OF THIS FORM BUT IN THE
EVENT OF THE DEATH OF THE FIRST BENEFICIARY, THE BENEFITS SHOULD BE PAID TO

_____ MY SECOND BENEFICIARY
(FULL NAME)

IN THE EVENT OF BOTH OF THE BENEFICIARY DYING SIMULTANEOUSLY WITH ME, THE BENEFITS THAT WOULD HAVE
BEEN DUE TO THE BENEFICIARIES UPON MY TRANSITION, SHOULD BE PAID TO A LEGAL PERSONAL REPRESENTATIVE.

USUAL SIGNATURE OF MEMBER OF STAFF

SIGNATURE OF WITNESS

DATE: _____

FULL NAME AND ADDRESS

SIGNATURE OF REGISTRAR, ABU _____

FULL NAME: _____

DATE: _____

DATE: _____

PART B AFFIDAVIT IN SUPPORT

THAT I, _____ SWORN TO THIS AFFIDAVIT IN SUPPORT OF THIS FORM
BELIEVING ALL THE INFORMATION APPLIED ABOVE TO BE TRUE, CORRECT AND IN ACCORDANCE WITH THE OATH
ACT, 1963.

DEPONENT

SWORN TO AT THE _____ HIGH COURT THIS _____ DAY OF

_____ 20 _____ BEFORE ME _____

COMMISSIONER OF OATHS