

**NTHC TRUSTEES**

**PERSONAL DETAILS**

First Name

Last Name

Mobile Number

Date of birth

Email Address

Postal Address

Country of residence

Alternative Number

Social Security No.

Next of Kin

Nationality

AFFIX  
PASSPORT  
PICTURE  
HERE

**BENEFICIARY(S)**

No.	Name of Beneficiary(s)	Date of Birth	Relationship	Percentage (%)
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Please include additional sheets if necessary

I,  declare that the information given above is correct and complete.

Signature

Date

**For Office Use Only (Must be completed by Management)**

Staff Number  Department

Position  Date of engagement

Signature & Stamp (Head of Organization)