



ARMED FORCES CASUALTY TRUST FUND BENEFICIARIES FORM

*This form is to be filled and returned by benefiting personnel or next of kin of incapacitated or deceased personnel through the email. **armedforcescasualtytrustfund@gmail.com***

Name of personnel: -----

Date of Birth: -----

Sex: -----

Service: -----

Service Number: -----

Date of commission: -----

Date of enlistment for officers: (Army/Navy/Airforce): -----

Rank: -----

Date of enlistment other ranks: (soldiers/ratings/airmen): -----

Rank: -----

Last unit/location before posting: -----

Date posted on internal security operations: -----

Location of last internal security operations: -----

State origin: -----

Marital status: -----

Name of spouse: -----

Number of children: -----

Names, sex, & age of children: -----

Next of kin: -----

Nature of casualty: (state clearly): -----

Year of casualty: -----

Are you on treatment (Yes/No): -----?

Do you need further medical attention (Yes/No) -----?

Present physical address-----

Are you an occupant or owner of the property-----?

Occupation of spouse-----

Telephone-----

Email-----

Others: State clearly area(s) you may require urgent attention from the FUND-----

Upload picture of beneficiary in uniform while in active service and picture as an incapacitated personnel. For the deceased personnel upload picture of the deceased in uniform while in active service.

Name:_____ **Signature:**_____

Date:_____

Kindly note that all information supplied are subject to verification and confirmation, incorrect information may therefore lead to disqualification.