

# National University

of Computer & Emerging Sciences

## Next of Kin Form (Nomination)

I, \_\_\_\_\_ S/o, D/o \_\_\_\_\_, in the event of my death during my employment with National University of Computer and Emerging Sciences (NUCES) hereby request NUCES management to pay all my final settlement (due) amounts as per following (current) University policy:

- Three months' Salary;
- Provident Fund;
- IPD/OPD Medical Claim Reimbursements; and
- Life insurance etc.) to the person(s) named as beneficiary(ies) in this form.

### Employee Information

Employee #: \_\_\_\_\_ Designation: \_\_\_\_\_  
 Department: \_\_\_\_\_ CNIC #: \_\_\_\_\_  
 Campus: \_\_\_\_\_ Date of Joining: \_\_\_\_\_

### Beneficiary Information

*(This section offers the opportunity to proportionately nominate the beneficiary (ies) of your choice in whatever proportions you wish).*

1. I, \_\_\_\_\_ hereby nominate the following beneficiary (ies) to receive the final settlement amounts (last month salary, provident fund, IPD/OPD medical claim reimbursements, life insurance etc) which are payable in case of my death.
2. If any of the below named beneficiaries predecease me, I request that the share of such beneficiary (ies) be divided equally among other beneficiaries.

S	*Full name, address and contact # of beneficiary(ies)	**CNIC No	Date of birth	Relationship with employee	Percentage of payable amount (Total 100 %)
					%
					%
					%
					%
					%

\*Use additional form if needed.  
 \*\* Attach CNIC copy of each nominated beneficiary.

*Note: This nomination form supersedes all previous nominations (verbal / written) made by me.*

\_\_\_\_\_  
 (Signature of employee with date)

#### Copy to:

1. Accounts Office
2. HR Department (NUCES-HQ & Campus)
3. Personal File