Employee Next of Kin Details

Please provide your next of kin details for emergency contact reasons. Please provide the below details and sign and date this form

Employee Name……………………………………………………

Employee Number…………………………………………………………

Next of Kin Name…………………………………………………………

Relationship……………………………………………………………

Address: …………………………………………………………………………………………………………………………………………………

…….……………………………………………………………………………………………………………………………………………

Postcode…………………………………………………………………………………..

Home Tel Number……………………………………………………………………

Mobile Tel No…………………………………………………………………………..

Work Tel No…………………………………………………………………………….

Date completed: ………………………………………………………………

Signature: ………………………………………………………………..

Print your name: ………………………………………………………………