

MPB FORM 200B

MILITARY PENSIONS BOARD ALTERNATE NEXT-OF-KIN INDEMNITY FORM

(To be filled by the Pensioner's Representative other than the Recorded NOK)

Pensioner's
Photo

Representative's
Photo

1. Pensioner's Details:

- a. Name:.....
- b. Service Number:.....
- c. Rank:.....
- d. Date of Birth:.....
- e. MPB Number:.....
- f. Residential Address:.....
- g. Postal Address:.....
- h. Email Address:.....
- i. Bank Name and Address:.....
- j. Account Number:.....
- k. Bank Verification Number (BVN):.....

2. Alternate Next of Kin Certification:

Icertify that the information provided above is correct and true.

Signature:.....

3. Alternate Next-Of-Kin Details:

- a. Name:.....
- b. Date of Birth:.....
- c. Relationship to Pensioner:.....
- d. Tel Number:.....
- e. Residential Address:.....
- f. Postal Address:.....
- g. Email Address:.....
- h. Marital Status:.....
- i. Name of Spouse:.....
- j. Employee/Office Address:.....
- k. Designation:.....
- l. Nigerian Bank Name and Address:.....
- m. Nigerian Bank Account Number:.....
- n. Nigerian Bank Verification Number (BVN)

4. Alternate Next-Of-Kin Certification:

Ihereby certify that information provided on myself above is correct and true and I also depose that I am the true representative of the above mentioned military pensioner. I have verified the details of the pensioner and ascertained on my honour that they are also correct. I fully understand that it is my responsibility to promptly inform the Military Pensions Board of any changes/updates affecting the pensioner (including death). I am liable to be prosecuted in accordance to extant laws for fraud/liabilities incurred against public funds arising from my responsibility as the representative

Signature:.....

5. In the presence of:

a. Name:.....

b. Occupation:.....

c. Address:.....

d. Signature:.....Day of.....2020

Before me

Commissioner for Oath/Notary Public

This form is renewable on or before 31 January every year