



## Beneficiary Information Sheet

### Beneficiary Details:

Full Name: \_\_\_\_\_

Signature of beneficiary: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Complete Address: \_\_\_\_\_

Mother's Full Maiden Name: \_\_\_\_\_

Contact number: \_\_\_\_\_

Note: Kindly attach photocopy of beneficiary's ID.