

ORIGINATING STATE



**CHANGE OF INFORMATION - NEXT OF KIN**

**A. PLEASE FILL IN YOUR PERSONAL DETAILS**

SURNAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MIDDLE NAME \_\_\_\_\_

Please enter your RSA number:

PIN

P	E	N																	
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**B. PLEASE (Enter OLD Details of Next of kin)**

SURNAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MIDDLE NAME \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_

ADDRESS \_\_\_\_\_

E-MAIL \_\_\_\_\_ TELEPHONE \_\_\_\_\_

**1. PLEASE (Enter NEW Details of Next of kin)**

SURNAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MIDDLE NAME \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_

ADDRESS \_\_\_\_\_

P.O.BOX \_\_\_\_\_

E-MAIL \_\_\_\_\_ TELEPHONE \_\_\_\_\_

**2. PLEASE (Enter NEW Details of Next of kin)**

SURNAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MIDDLE NAME \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_

ADDRESS \_\_\_\_\_

P.O.BOX \_\_\_\_\_

E-MAIL \_\_\_\_\_ TELEPHONE \_\_\_\_\_

**C. CERTIFICATION (TO BE COMPLETE BY RSA HOLDER/EMPLOYEE)**

*I hereby certify that information provided is true and correct to the best of my knowledge*

Signature  
(Please sign within box)

Thumbprint (Left)

Thumbprint (Right)

**FOR OFFICIAL USE ONLY**



Name of verifier: \_\_\_\_\_

Signature & Date \_\_\_\_\_