ECOWAS COMMISSION
COMMISSION DE LA CEDEAO
COMISSÃO DA CEDEAO

BENEFICIARIES

Please indicate in the column of 0%, the percentage of benefits you would like to be paid to each beneficiary mentioned.

Staff members are enjoined to review every year, the name of their beneficiaries.

Surname & First name			
Designation		**Department/ Directorate**	
Nationality		**Nature of Employment**	
Date Appointment		**Date of Retirement**	

BENEFICIARIES

No	Surname & First name	%	Relationship	Email - Tel
	TOTAL	**100%**		

In the event of death in service, I hereby authorise the ECOWAS Commission to pay to my beneficiaries named above, my benefits in the proportion as indicated on this form.

Staff Signature

Date

Name of Witness

Witness Signature

Date