

Union of Tertiary Educators of The Bahamas (UTEB)

Application For Payment of Ex-Gratia Award on Death of A member

(Name in full – Please PRINT)	
Of	
Of(Street Address)	
Hereby make application for the payment of	of the ex-gratia award as the
of the late (Relationship) (Member of UTEB)	
(Relationship)	(Member of UTEB)
who died on(date)	while being a member of The Union of Tertiary
Educators of The Bahamas.	
I enclose the original copy of the death cer National Insurance Card or passport.	rtificate of the member and a copy of my: driver's license or
I affirm that the above information is true.	
(Signature of Applicant)	/(Date)
Email Contact:	
Telephone Contact:	

NOTE:

- 1. Please allow up to 10 working days for processing the award. The Applicant will be notified via the contact information listed on the application.
- 2. Management of UTEB reserves the right to reject this application.