

Intimation of death of an Indian National

Date: _____

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Embassy of India, Kuwait

P.O. Box: 1450, Safat 13015

Tel: 22530600/612/613/614

Fax: 22573910

Email: passport@indembkwt.org

Website: www.indembkwt.org



Form No. 13

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سفارة جمهورية الهند، الكويت

صندوق بريد رقم : 1450

الكويت - الصفاة - 13015

هاتف : 614 / 613 / 612 / 22530600

فاكس : 22573910

الإيميل : passport@indembkwt.org

الموقع الإلكتروني : www.indembkwt.org

To,
The Embassy of India
Kuwait.

Sir,

I _____
holder of Indian Passport / Civil ID No. _____
(copy enclosed) residing at (Kuwait address) _____

Telephone No. _____ regret to inform you that Mr./Ms. _____
_____ holder of Indian Passport No. _____
dated _____ issued at _____ died in Kuwait on _____
due to _____
(cause of death-natural / accidental).

He / She was my friend / relative / colleague. The family members of the deceased have been informed about the death of the deceased.

Particulars of the sponsor/employer/company of the deceased are as follows:

Name of Company/Sponsor _____

Address: _____

Telephone No: _____ Fax No: _____

It is requested that authority letter may please be issued in my favour to enable me to collect passport, death certificate and police report etc. from the concerned local authorities in respect of the deceased for making necessary arrangements for transportation of the mortal remains to India/local burial. After collecting the documents, I will approach the Embassy for registration of death / clearance for transportation of the mortal remains.

Yours faithfully

Signature

Enclosures:-

1. Photocopy of death certificate issued by hospital authorities.
2. Photocopy of passport of the deceased.
3. Photocopy of passport and Civil ID Number of the informer.



PART I

REGISTRATION OF DEATH OF AN INDIAN NATIONAL IN KUWAIT PARTICULARS OF DECEASED

1.	Name :	
2.	Date & Place of death:	
3.	Passport particulars:	
	(a) Passport Number :	
	(b) Date of issue:	
	(c) Place of issue:	
4.	Occupation:	
5.	Name of next of kin (Father/Husband/Wife)	
6.	Full address & telephone number, next of kin in India or Kuwait	
7.	Name, address & telephone number of relative/friend in Kuwait, if any:	
8.	Name of Sponsor/Employer (Full address with telephone number)	
9.	Cause of Death (Sickness/accident/suicide):	
	(a) Nature of accident (road accident/worksite accident or other):	
	(b) Place & Date of accident:	
	(c) Whether concerned police station informed :	
	(d) Name of police station, case No and date:	
	(e) Number of owner's vehicle involved in accident: (Traffic accident case)	
	(f) Name of insurance company concerned:	
	(g) Whether dead body to be buried locally or to be sent to India (give flight details):	
10.	Burial Certificate obtained	Yes/No

PARTICULARS OF INFORMER

Name	
Passport Number	
Date and place of issue of passport	
Civil ID Number	
Address in Kuwait	
Telephone No.	
Relation to the deceased	
Action taken to inform the next of kin and the details of the leftover belongings:	
Action taken in regard to claim of compensation in case of death due to accident :	

Signature of informer

Date :

Enclosures:

1. Passport of the deceased, death certificate issued by Ministry of Health, Birth and Death Registration Office, Kuwait, dully attested by Ministry of Foreign Affairs, Kuwait and its Translation in English (original + 2 sets of photo copy)
2. Photocopy of Passport of the deceased (2 nos)
3. Photocopy of Civil ID of the deceased (2 nos)
4. Photocopy of police report (in case of accident / suicide) (2nos)
5. Photocopy of Civil ID of the informer (2 nos)
6. Photocopy of the Civil ID card of the sponsor (in case of domestic worker) (2nos)
7. Photocopy of Burial Certificate



PART II

<u>OTHER PARTICULARS:</u>	
Name of deceased	
Date of death	
Nature of death (Natural /traffic/worksite)	
Age at the time of death	
Type of Visa	
Salary/wages	
Actual employment - Occupation	
Name, address, and telephone number of employer	
Date of arrival in Kuwait	
Name & address of next of kin in India	
The details of next of kin:	
Father	Alive / Not alive -
Mother	Alive / Not alive -
Married/Unmarried	
No. of children (with age)	
No. of brothers / sisters	
Possibility of death compensation: (in case of traffic / worksite accident)	
Other relief already received: (from sponsor)	

(Name and Signature of the informer)