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REPUBLIC OF KENYA

THE NATIONAL TREASURY



Tel. No. 020 -2252299
Email: pensions@treasury.go.ke
When replying please quote

PENSIONS DEPARTMENT
P. O. Box 20191 - 00200
NAIROBI

Ref. No.....
and date

DATE: _____

MR/MRS.....

P.O BOX CODE

TOWN

DEPENDANTS PENSION/WIDOW'S & CHILDREN'S PENSION

THE LATE MR/MRS.....

Please find a Guardianship certificate and a pay point form enclosed for your completion and return together with the following:

- (i) Your identity card and those of the two declarants in Parts II (a) and (b) (photo copy duly certified by the chief)
- (ii) Original and photocopies of the children's birth certificates and death certificate of deceased pensioner and their widow/widower where applicable.
- (iii) Original letters from the Heads of schools / institutions where the children are undertaking full time education. Letters must be duly signed and bear the original school/institution's stamp.
- (iv) A sworn affidavit or a letter on original letter from your local area chief in support of your relationship with the deceased. Chief's letter must bear original chiefs stamp (**NOTE: All letters and affidavits must be original and stamped**)
- (v) Where the guardian is a child of the deceased pensioner, an original and photocopy of the guardian's birth certificate must be provided.
- (vi) All forms must bear the **full names and signature of the claimant** as they appear in the national identity card for them to be accepted.

Yours Faithfully

For: Director of Pensions

REPUBLIC OF KENYA

CERTIFICATE OF GUARDIANSHIP

(ORIGINAL TO BE RENDERED)

PENSION FILE NO. _____

THE DIRECTOR
THE NATIONAL TREASURY
PENSIONS DEPARTMENT
P.O.BOX 20191
NAIROBI.

PART 1 - DECLARATION BY GUARDIAN

Dear Sir/Madam

(a) I, Mr/Mrs/Ms _____ of P.O.Box _____,

National ID No. _____ Tel. No. _____ and Email Address

_____ do solemnly and sincerely declare that

I am the guardian of the minor Child/children namely _____

of the late Mr/Mrs/Ms _____ of P. O. Box

_____ in respect of whom this pension is paid and that I will utilise the benefits it solely for the benefit of the

eligible child/children. I further declare that the child/children named above is/are alive and that the deceased was my _____ (state your relationship with the deceased)

SIGNATURE: _____ **DATE:** _____

(b) ATTESTATION (BY MAGISTRATE OR COMMISSIONER OF OATHS)

I certify that to the best of my knowledge and belief that the signature above is that of Mr/Mrs/Ms.

_____ and that his /her statements in the certificate are correct.

DATED THIS _____ **DAY OF** _____ **20** _____

SIGNATURE OF ATTESTOR _____

FULL NAME OF ATTESTOR _____

ADDRESS _____

QUALIFICATION/DESIGNATION _____

PENSION FILE NO. _____

PART II -DECLARATION BY CLOSE BLOOD PATERNAL & MATERNAL RELATIVES OF THE ELIGIBLE CHILD/CHILDREN

(a) GRANDPARENTS/UNCLE/AUNT/BROTHER/SISTER/COUSIN OF THEIR FATHER.

I _____ of P.O Box _____,

National ID No. _____ Tel No. _____ and

Email Address: _____ do solemnly and sincerely

declare that Mr/Mrs/Ms. _____ is the guardian of the children

of the Late _____

I make this declaration conscientiously believing the same to be true and in accordance to the Oaths and Statutory Declaration Act, Cap 15.

SIGNATURE OF DECLARANT.

DATE

(b) GRANDPARENTS/UNCLE/AUNT/BROTHER/SISTER/COUSIN OF THEIR MOTHER.

I _____ of P.O Box _____

Telephone no. _____ Email Address: _____

do solemnly and sincerely declare that Mr/Mrs/Ms. _____ is

the guardian of the children of the Late _____

I make this declaration conscientiously believing the same to be true and in accordance to the Oaths and Statutory Declaration Act, Cap 15.

SIGNATURE OF DECLARANT.

DATE

(c) DECLARED BEFORE ME THIS _____ DAY OF _____ 20_____

(MAGISTRATE OR COMMISSIONER FOR OATHS)

NAME.....

ADDRESS.....

DATE.....

EMAIL:

TEL NO:

**THE DIRECTOR OF PENSIONS,
THE NATIONAL TREASURY,
PENSIONS DEPARTMENT,
P.O.BOX 20191
NAIROBI**

Dear Sir/Madam,

PAYMENT OF MONTHLY PENSION.

I.....whose pension file No.....would like my monthly pension to be paid to my bank account whose details are listed below:-

NAME OF BANK.....

ACCOUNT NO..... (JOINT ACCOUNT NOT ACCEPTABLE)

BRANCH.....

TOWN.....

Yours faithfully,

Name..... National ID No. Signature.....

NB: ATTACH A COPY OF YOUR BANK CARD OR PASSBOOK IN SUPPORT OF THE ACCOUNT DETAILS PROVIDED ABOVE.