

INSTRUCTION HOW TO COMPLETE DECLARATION FORM

- 1. Part I of the attached form must be completed by the widower/widow personally stating his/her full names as it appears on the Identity Card and should append his/her signature
- 2. Parts II (a) and (b) of the form should be certified by the Chief and Assistant County Commissioner of his/her Location respectively.
- 3. Part III of the form should be attested by a Judge, a Magistrate or a Commissioner for Oaths personally.
- 4. Part IV of the form should not be completed in case the spouses are in possession of a Marriage certificate who's both the original and copy must be submitted to this Department for certification and return.
- 5. If however, the spouses were married under tribal customary Laws, he/she should request one of his/her parent and of the parents of his/her late husband/wife or a close blood relative from each side in case none of the parents are not alive to complete Part IV (a) and (b) as declarants and append their signatures before either a Magistrate or a Commissioner for Oaths.
- 6. The original form of the Declaration should be returned to this office duly completed as instructed above with the following documents:
 - i. A copy of the widower/widow Identity Card which must be certified as a true copy of the original by the area Chief.
 - ii. Original and copy of birth certificates in respect of the deceased's children who were below the age of 17 years on the date of the death of the father or mother or above that age but are still undergoing full time education to which case a letter from the school/institution must be attached.
 - iii. The original and Copy of the deceased's death certificate
 - iv. An Original official headed letter from your area chief confirming legal dependants of the deceased and their relationship.
 - v. A clear copy of Bank Plate or a copy of ATM





DECLARATION FORM (THIS FORM IS ISSUED FREE AND IS NOT FOR SALE)

CLAIMANT'S ADDRESS

	Name	
	P.O. Box	
	110100000000000000000000000000000000000	
	Mobile No	
Pension File No		
To: The Pensions Secretary/ Director, National Treasury, Pensions Department, P.O. Box 20191- 00200, NAIROBI.		
PART I-DECLARATION BY THE WIDOWER/WIDOW		
Ido solemnly and sincerely of	issued	
husband/wife until the date of his death and have not since married.	-	
(a) At the time of the death of my husband I was not cohabiting with a	any person and	
(b) Since the date of his death I have neither remarried nor cohabited with any person.		
(c) At the date of his death, we were ()wives/I was the only wife who		
survived him. (Indicate number of wives)		
I make this solemn declaration conscientiously believing the same t statutory Declaration.	o be true and virtue of oaths and	
(Signature of Declarant) Date	************	
THUMBPRINT	J	

PART II-CERTICATION

	by certify that we know the declarant who is husband/wife of the late
Mr./]	Mrs and believe his/her statement to be true.
(a)	Signature of Home Area chief
(b)	Signature of the Area Assistant County Commissioner
	Full name of Assistant County Commissioner
	Address
	PART III-ATTESTATION
The	above declaration has this day been declared and subscribed before me by the above named
Mrs.	
I cer	tify that I have examined the said declarant and also
	(a) The chief, Mr
I am	satisfied that the above declaration and certificate are authentic and entitled to full credit.
	SIGNATURE OF ATTESTOR (MAGISTRATE OR COMMISSIONER FOR OATHS)
	Full Name of Attestor
D	Address
J Jate	20 IIIS

PART IV -DECLARATION BY PARENTS OR CLOSE BLOOD RELATIVES OF THE WIDOW AND HER LATE HUSBAND

(a) FATHER/MOTHER/UNCLE/AUNT/BROTHER/SISTER/COUSIN OF WIDOW						
Ido solemnly and sincerely declare that my						
daughter/niece/sister/cousin						
				Thumb Print		
				(b) <u>FATHER/MOTHER/UNCLE/AUNT/BROTHER/SISTER/COUSIN OF HUSBAND.</u>		
				Iof P.O. Box		
				do solemnly and sincerely declare that my son /nephew/brother/cousin Mr.		
Mrsin accordance (specify) tribal						
Customary law onday of						
I make this declaration conscientiously believing the same to be true and in accordance to the oath and statutory declaration act.						
Signature of Declarant						
Thumb Print						
Declared before me thisday of20						

(MAGISTRATE OR COMMISSIONERFOR OATHS)

BANK PARTICULARS FORM

	Address
	Mobile Tel. No
	Date20
The Pensions Secretary/ Director, National Treasury, Pensions Department, P.O. Box 20191 – 00200, NAIROBI.	
Dear Sir,	
PAYMENT OF MONTHLY PENSION	
Iwhose my late APN/ PCwould like my month details are listed below:-	te husband's/wife's pension file is No nly pension to be paid to my Bank account whose
Name of Bank	
Account No	(Joint Account Not Acceptable)
Branch	*********
Town	
Yours faithfully,	
Signature	
Thumb print	Car S
Pension file No	

(PLEASE ATTACH A COPY OF YOUR BANK PLATE OR ATM CARD)