



## PENSIONS DEPARTMENT

### 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. Copies of their ID Cards certified by their local Chiefs must be attached.
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

2 copies of Next-of-Kin KRA PIN





**PENSIONS DEPARTMENT**

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

**CLAIMANT'S ADDRESS**

Name.....

P.O. Box.....

.....

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**

I.....do solemnly and sincerely declare that I was born on  
.....and that my Identity card No. is.....issued  
at..... and married the late  
Mr/Mrs.....on.....and remained his legal  
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 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 to be true and virtue of oaths and statutory Declaration.

(Signature of Declarant)

Date.....

THUMBPRINT.....

**PART II-CERTIFICATION**

We hereby certify that we know the declarant who is wife of the late

Mr. \_\_\_\_\_ and believe her statement to be true.

(a)Signature of the chief \_\_\_\_\_

Full name of chief \_\_\_\_\_

Address \_\_\_\_\_

(b)Signature of the Area District Officer \_\_\_\_\_

Full name of District Officer \_\_\_\_\_

Address \_\_\_\_\_

**PART III-ATTESTATION**

The above declaration has this day been declared and subscribed before me by the above named

Mrs \_\_\_\_\_

I certify that I have examined the said declarant and also

(a)The chief, Mr./Mrs/Ms. \_\_\_\_\_

(b)The District Officer, Mr./Mrs/Ms \_\_\_\_\_

I am satisfied that the above declaration and certificate are authentic and entitled to full credit.

**SIGNATURE OF ATTESTOR** \_\_\_\_\_

**FULL NAME OF ATTESTOR** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**QUALIFICATION/DESIGNATION** \_\_\_\_\_

**DATED THIS** \_\_\_\_\_ **DAY OF** \_\_\_\_\_ **20** \_\_\_\_\_

**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**

I \_\_\_\_\_ of P.O Box \_\_\_\_\_

do solemnly and sincerely declare that my daughter/niece/sister/cousin  
\_\_\_\_\_ was married to \_\_\_\_\_

Mr. \_\_\_\_\_ in accordance with \_\_\_\_\_

(Specify tribe) tribal customary law on \_\_\_\_\_ and also lived  
with him until the date of his death on \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

**SIGNATURE OF DECLARANT.**

**(b)FATHER/MOTHER/UNCLE/AUNT/BROTHER/SISTER/COUSIN OF  
HUSBAND.**

I \_\_\_\_\_ of P.O Box \_\_\_\_\_

do solemnly and sincerely declare that my son /nephew/brother/cousin Mr.  
\_\_\_\_\_ was married to Mrs  
\_\_\_\_\_

\_\_\_\_\_ in accordance (specify) tribal

Customary law on \_\_\_\_\_ day of \_\_\_\_\_

20\_\_\_\_\_.

I make this declaration conscientiously believing the same to be  
true and in accordance to the oaths and statutory declaration act.

**SIGNATURE OF DECLARANT**

DECLARED BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 20\_\_\_\_\_

(MAGISTRATE OR COMMISSIONER FOR OATHS)

**BANK PARTICULARS FORM**

Name.....

Address.....

.....

Mobile Tel. No.....

Date.....20.....

The Pensions Secretary/ Director,  
National Treasury,  
Pensions Department,  
P.O. Box 20191 – 00200,  
NAIROBI.

Dear Sir,

**PAYMENT OF MONTHLY PENSION**

I.....whose my late husband's/wife's pension file is No. \_\_\_\_\_  
APN/ PC .....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)

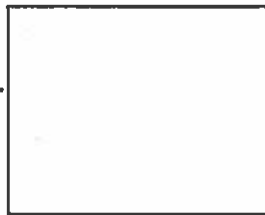
**Branch**.....

**Town**.....

Yours faithfully,

Signature.....

Thumb print.....



Pension file No.....

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