INSTRUCTIONS: HOW TO COMPLETE THE DECLARATION FORM

- (1) Part I of the attached form of declaration must be completed by the widow personally: stating her name in full as it appears on the identity card.
- (2) Parts II (a) and II (b) of the form should be certified by the chief and the District Officer, respectively, of her location.
- (3) The attestation: part III of the form should be attested by either, a commissioner for oaths or a magistrate personally.
- (4) In case the widow is in possession of marriage certificate, the original certificate should be submitted here for verification and return, and part IV of the form need not be completed.
- (5) If however, the widow was married to the deceased under tribal customary laws, she should request one of her parents and one of the parents of her late husband or close blood relatives in case none of the parents are alive to complete parts IV (a) and (b) of the form on her behalf before either a commissioner for oaths or a magistrate personally.
- (6) The original form of declaration should be returned to this office duly completed as instructed above, together with the following documents:-
 - (i) A photocopy of the widow's identity card certified by the chief of her location as a true copy of the original.
 - (ii) Original birth certificates in respect of the deceased's children who were below the age of 16/21 years on ______ or above that age but still undergoing full time education to which case ,a letter from the headmaster to that effect must be attached and
 - (iii) The deceased officer's original death certificate.
 - (iv) An original signed and stamped letter from your area chief detailing a list of dependants of the deceased, their relationship and age.

DIRECTOR OF PENSIONS

REPUBLIC OF KENYA

DECLARATION FORM (ORIGINAL ONLY TO BE RENDERED)

(Claimant Address) NAME_____

P. O. BOX_____

Email :_____

Tel No:_____

PENSION FILE NO_____

TO THE DIRECTOR OF PENSIONS THE NATIONAL TREASURY PENSIONS DEPARTMENT P.O BOX. 20191 - 00200 NAIROBI.

PART I-DECLARATION BY THE WIDOW

I	(lo solemnly and sincerely declare that I was born	
on	_and that my identity card No. is	issued at	
and married	the late Mr	on	
and remaine	d his legal wife until the date of his	death and have not since married.	
(a)At the time of death of my husband, I was not cohabiting with any person and			
(b)Since the	date of his death I have neither rem	arried nor cohabited with any person.	
(c)The decea the only		wives (Indicate number of wives)/I was	
	olemn declaration conscientiously by Declaration.	believing the same to be true and virtue of oaths	

(SIGNATURE OF DECLARANT)

Date _____

PART II-CERTICATION

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

Mr		and believe her statement t	to be true.
	(a)Signature of the chief		
	Full name of chief		
	Address		
	(b)Signature of the Area D	District Officer	
	Full name of District Off	ficer	
	Address		
	PART III-ATTESTATIO	ON BY MAGISTRATE/COMM	MISIONER FOR OATHS
The a	above declaration has this da	ay been declared and subscribed	before me by the above named
Mrs _			
	I certify that I have examine	ed the said declarant and also	
	(a)The chief, Mr/Mrs/M	Ms	
	(b)The District Officer	, Mr./Mrs/Ms	
I am	satisfied that the above decl	aration and certificate are auther	ntic and entitled to full credit.
	SIGNATURE OF AT	TESTOR	
	FULL NAME OF AT	TESTOR	
	ADDRESS		
	QUALIFICATION/D	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

Ι		of P.O E	OX		
do solemnly and since	•	• •			
Mr		in ac	cordance with _		
(Specify tribe) tribal c	ustomary law	/ on		an	d also lived
with him until the date	e of his death	on	day of		_20
SIGNATURE OF D	ECLARAN	Г.			
(b) <u>FATHER/MOTHE</u> <u>HUSBAND.</u>	R/UNCLE/A	UNT/BROI	<u>HER/SISTER/0</u>	<u>COUSIN O</u>	<u>'F</u>
I		of P.0	O Box		
do solemnly and since					,
			_in accordance	(specify) tr	ibal
Customary law on		C	ay of		
20					
I make this declaration	n consciention	usly believin	g the same to be	;	
true and in accordance	e to the oaths	and statutory	v declaration act		
SIGNATURE OF D	ECLARAN	T			
DECLARED BEFOR	E ME THIS		DAY OF	2	0
(MAGISTRATE	OR	COMMIS	SIONER	FOR	OATHS)

NAME	••••••	 	
ADDRESS		 	
DATE		 •••••	
EMAIL:		 	
TEL NO:		 	

THE DIRECTOR OF PENSIONS, THE NATIONAL TREASURY, PENSIONS DEPARTMENT, P.O.BOX 20191 <u>NAIROBI.</u>

Dear Sir/Madam,

PAYMENT OF MONTHLY PENSION.

I	whose pension file No	would
like my monthly pension to be paid to r	me as from the end of the mo	onth
ofto m	y bank account whose details	s are listed below:-
NAME OF BANK		
ACCOUNT NO	(JOINT ACCOU	JNT NOT ACCEPTABLE)
BRANCH		
TOWN		
Yours faithfully,		
Name	ID/No	Signature

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