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# REPUBLIC OF KENYA

## MINISTRY OF FINANCE



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 Part's II (a) and (b) (photo copy duly certified by the chief)
- (ii) Original and photocopies of the children's birth certificates
- (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 letterhead 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  
PENSIONS DEPARTMENT  
P.O.BOX 20191  
NAIROBI.

PART I - 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.....

MOBILE NO.....

THE DIRECTOR OF PENSIONS,  
MINISTRY OF FINANCE,  
PENSIONS DEPARTMENT,  
P.O.BOX 20191  
NAIROBI.

Dear Sir,

PAYMENT OF MONTHLY PENSION.

L.....whose pension file No.....would like my  
monthly pension to be paid to me as from the end of the month of.....as follows ;

i) To my bank account whose details are listed below:-

NAME OF BANK.....

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

BRANCH.....

TOWN.....

NB: PLEASE ATTACH A COPY OF YOUR BANK PLATE AND IDENTITY CARD

Yours faithfully,

Signature.....

THUMBPRINT.....

Pension file No.....