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 ________________________________ do 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 remained 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 remarried nor cohabited with any person.

(c) The deceased was married to ________ wives (Indicate number of wives)/I was the only wife

I make this solemn declaration conscientiously believing the same to be true and virtue of oaths and statutory Declaration.

_____________________________
(SIGNATURE OF DECLARANT)                      Date ___________________________
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 BY MAGISTRATE/COMMISSIONER FOR OATHS

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 ____________________________

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)
Dear Sir/Madam,

PAYMENT OF MONTHLY PENSION.

I..................................................whose pension file No...........................................would like my monthly pension to be paid to me as from the end of the month of........................................to my bank account whose details are listed below:-

NAME OF BANK.................................................. .............................................................

ACCOUNT NO................................................... (JOINT ACCOUNT 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.