

CLAIM FOR DEPENDANT'S PENSION

CLAIMANTS NAME & ADDRESS

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Telephone _____

Date _____

The Chairman,
Board of Trustees,
TelPosta Pension Scheme,
P.O. Box 45610 - 00100
NAIROBI.

Dear Sir,

1. **DECLARATION BY THE CLAIMANT**

I hereby state that I am the Widow/Widower/Son/Daughter of the late Mr./Mrs./Miss/_____ and I do hereby claim payment of dependant's pension. I understand and accept that claim of dependant's pension is payable to me for a maximum of five (5) years from the date of death or for such a lesser period as I will remain unmarried and I undertake to inform the Board of Trustees of TelPosta Pension Scheme should I remarry during the five (5) years period. Dependant's pension is paid to the deceased unmarried child/children under the age of 21 years and such child should notify this office immediately he/she marries or attains the age of 21 years.

2. **PARTICULARS OF THE DECEASED OFFICER OR PENSIONER**



Telposta Towers
13th Floor
Kenyatta Avenue
P.O. Box 45610 - 00100
Nairobi - Kenya
Tel: 254 - 020 2216752
Fax:254 - 020 246208

- a) Full Names _____
- b) Employment/Payroll No. _____
- c) Date of Death _____ Day _____ Month _____ Year _____
- d) Death Certificate No. _____ (attach copy)
- e) Date of Issue: Day _____ Month _____ Year _____

3. **PARTICULARS OF THE CLAIMANT (Adult to attach copy of National ID - children to attach copies of Birth Certificate and relevant evidence of age)**

- a) Full Names _____ Kenya Identity Card No. _____
- b) Date of Birth _____ Day _____ Month _____ Year _____
- c) Date of Marriage _____ Day _____ Month _____ Year _____
- d) Marriage Certificate No. _____ [attach copy (*if any*)]
Date of Issue _____ Day _____ Month _____ Year _____
- e) If the deceased has other Widows, Name them. (Full Names):
 - (1) _____
 - (2) _____
 - (3) _____
 - (4) _____

4. **PARTICULARS OF CHILDREN OF THE DECEASED WHO ARE UNDER 21 YEARS**

FULL NAMES	DATE OF BIRTH (D/M/Y)	SEX	MARITAL STATUS (M or F) (Single/Married)	NAME OF SCHOOL (If in School)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

5. **PARTICULARS OF CHILDREN OF THE DECEASED WHO ARE OVER 21 YEARS**

FULL NAMES DATE OF BIRTH SEX MARITAL STATUS IF IN FULL TIME EDUCATION
(D/M/Y) (F or M) (Single/Married) (Indicate name and address of institution and date of entry)

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

7. **DECLARATION BY THE CLAIMANT**

I hereby declare that the information given above is true and correct and I would like payment of the dependants' pension to be made to me Thro'

- a) Name of Bank _____
- b) Branch _____
- c) Account No. _____
- d) Title of Account _____
- e) Claimant's Signature _____ Date _____

8. **DECLARATION BY WIDOW/WIDOWER ON MARRIAGE UNDER TRADITIONAL CUSTOM (Does not apply if a Certified Copy of Marriage Certificate is Attached)**

Note: (1) Where the marriage is by traditional customs the father of the

Widow and the father of the deceased (or if they are not alive prominent persons in their respective families) must certify to this effect in the presence of the Chief of the Area: (see the certification form below).

(2)Where the pension is payable to more than one claimant each claimant should complete a separate form. The dependants' pension due will be shared equally amongst the eligible claimants.

(3)Where the pension is payable to the dependants children, each child should produce relevant certificate of birth.

A minor's bank account should be opened on behalf of dependants under the age of 18 years.

(4)All claim forms whether or not supported by marriage certificate should be certified by the Local Chief.

We, Mr./Mrs. _____ and Mr./Mrs. _____
being the parents or relatives of Mr./Mrs. _____ and
the late Mr./Mrs. _____ respectively do hereby confirm
that they married under traditional customs and that Mr./Mrs. _____ is
entitled to the dependant's pension.

9.	<u>PARENT/RELATIVE OF CLAIMANT</u>	<u>PARENT/RELATIVE OF THE DECEASED</u>
	Full Names _____	Full Names _____
	ID. No. _____	ID. No. _____
	Signature _____	Signature _____
	Date _____	Date _____
	Address _____	Address _____

10. CERTIFICATE BY THE LOCAL CHIEF

(If the deceased had other widows then indicate or attach a list of each widow and her children)

I hereby certify that I know the claimant who is the husband/Wife/Son Daughter of the late Mr./Mrs./Miss _____ and I believe his/her statement to be true.

(a) Full Names of the Chief

(b) Location _____
District _____

(c) Address _____

(d) Official Stamp

(e) Signature _____ Date
