



**APPLICATION FOR A WIDOWER'S /WIDOW'S  
AND /CHILD'S/CHILDREN'S PENSION**

**1. PARTICULARS OF APPLICANT**

I .....  
(full name(s) in block letters)

National identification Number.....

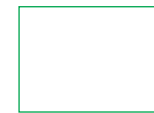
Hereby apply for a pension/pensions to be paid to me as (tick where applicable)

- (a) Widow
- (b) Widower
- (c) (1) Guardian of the child/ren of the deceased person  
as described in 2

(2) Relationship to children .....

My other particulars are as follows:

- (d) Date of Birth .....
- (e) Date of Marriage (if the applicant is a widow/widower) .....
- (f) Contact Cell/Phone Numbers .....
- (g) Email address .....
- (h) Postal Address .....
- (i) Physical Address.....
- (j) Signature..... Date .....



Thump print



Second finger

**2. DETAILS OF THE PERSON STAYING WITH CHILDREN IF DIFFERENT FROM ABOVE**

- Name(s).....
- Address .....
- Contact Telephone Number.....
- Email address.....
- National Identity Number.....
- Relationship to child(ren).....

Name of next of kin .....  
 Contact Number .....  
 Postal Address .....  
 Physical Address.....

**3. PARTICULARS OF THE DECEASED PERSON**

- (a) Surname.....
- (b) First name(s).....
- (c) National Identity Number .....
- (d) Date of Death.....
- (e) If the deceased was a contributor state:-
- (f) Ministry and Department.....
- (g) Station ..... EC Number/Force Number .....
- (h) If the deceased was a pensioner, tick the type of pension:

War Victim	<input type="checkbox"/>
War Veterans	<input type="checkbox"/>
State Service Disability	<input type="checkbox"/>
Ex-Political Prisoners, Detainees	<input type="checkbox"/>
State Service	<input type="checkbox"/>

**4. WITHDRAWAL OF PENSION FROM THE DECEASED'S BANK ACCOUNT**

I did/did not withdraw the pension paid into the deceased's bank account after his/her death

**5. PARTICULARS OF THE CHILDREN OF THE DECEASED PERSON WHO WERE UNDER 19 YEARS OF AGE ON THE DEATH OF MEMBER/PENSIONER**

Names	National Identity Number	Date of Birth

**6. DISBURSEMENT OF PENSION**

Name of Bank/Building Society.....  
 Branch ..... Town .....

Account Number.....

**7. DECLARATION**

(To be declared before Justice of Peace, Commissioner of Oaths or Minister of Religion, Human Resources Director or Deputy Director).

**(a) DECLARATION BY THE WIDOW/WIDOWER/GUARDIAN**

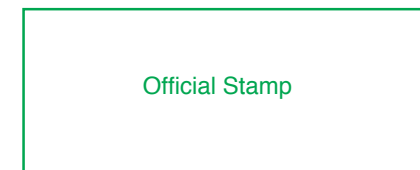
**I, the undersigned declare that information given by me in this application is, to the best of my knowledge and belief true and correct in every respect. I understand that any false statement in this application may render me liable for prosecution.**

Applicant's Signature ..... Date .....

Declared before me at .....this ..... day of .....20 .....

Name(s) .....

Address .....



Signature ..... Designation.....

**8. HUMAN RESOURCES DEPARTMENT**

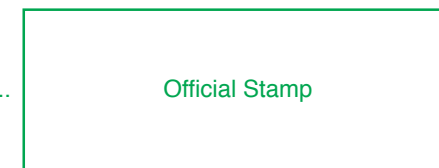
(Death in Service Cases ONLY)

I ..... confirm that the information submitted above is correct.

Designation.....

Signature .....

For: Head of Ministry/Department/Province/District



**9. Checklist of documents to be submitted**

**Certified copies of:-**

- Death Certificate
- Marriage Certificate or Original copy of Customary Law Marriage (Annexure C)
- Long Birth Certificates for children under the age of 19
- National Identity Card or Valid Passport
- Original Bank Account Details (showing your Name, Account Number and Bank Stamp)
- Certificate/original letter of Guardianship where applicable

**NB:** Form should be completed without deletions or alterations and Commissioner of oath stamp should bear the physical address of the Commissioner. Joint Accounts not acceptable.