

**PENSIONER LIFE CERTIFICATE
KWS STAFF SUPERANNUATION SCHEME
P.O. BOX 40241-00100
NAIROBI
TEL: 0775680888/0113856883**

I, pensionerof EST....., am receiving regular monthly pension from the **KWS STAFF SUPERANNUATION SCHEME** and hereby validate my existence by signing below in the presence of the witness* on this day of (Year)Signature.....

Further, I hereby confirm that my current contact and eligible beneficiary/ies details are as follows:

Postal address:.....Code.....Town.....

Tel Number:KRA PIN:.....

ID Number:Email:.....

Next of Kin Details

Name of Next of Kin	Date of Birth <i>(dd/mm/yyyy)</i>	Relationship to Pensioner
WILDLIFE SERVICE		

Please attach certified copy of your ID and eligible spouse national IDs and birth certificate/s for the eligible child/ren.

*Witness name..... sign..... date.....

Occupation.....Official Stamp of Witness.....

**Any one of the following people may act as a witness:
Area Chief, Commissioner of Oaths, County Commissioner, Doctor, Pastor/Priest, Imam, School Principal, Accountant, Bank Manager or warden i/c of park/station*

KWS HEADQUARTERS - Pensions Office

*Officer's name..... sign..... date.....

Official Stamp.....

Kindly return this certificate to PENSIONS OFFICE, P.O. Box 40241-00100 NAIROBI on or before **31st January 2023**. Failure to return this form will lead to stoppage of your pension.