

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

We/I beneficiary/ies of the **Late**.....**of EST**.....  
are/is receiving regular monthly pension from the **KWS STAFF SUPPERANNUATION SCEHEME** and hereby  
validate our/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 beneficiary/ies details are as follows:

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

Tel Number: .....KRA PIN:.....

ID Number: .....Email:.....

**Beneficiary Details**

Name of Beneficiary	Date of Birth <i>(dd/mm/yyyy)</i>	Relationship to the Late
WILDLIFE SERVICE		

**Please attach certified copy/ies of your national ID and birth certificate/s for the child/ren eligible to receive pension.**

\*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.**