



**KWS STAFF SUPERANNUATION SCHEME  
DEPENDANT LIFE CERTIFICATE  
P.O. BOX 40241-00100  
NAIROBI**

TEL: 0775680888/0113856883 / e-mail: [pensions@kws.go.ke](mailto:pensions@kws.go.ke)

We/I beneficiary/ies of the Late.....of EST.....  
confirm that we/I receive a regular monthly pension from the **KWS STAFF SUPERANNUATION SCHEME** and  
hereby validate our/my existence by signing below in the presence of the witness\* on this day of  
..... (Year) .....Signature.....

Further, we/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**

NO	NAME OF BENEFICIARY	DATE OF BIRTH (DD/MM/YYYY)	RELATIONSHIP TO THE DECEASED	TELEPHONE NO.
1.				
2.				
3.				
4.				
5.				
6.				

**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----- signature----- date-----

Official Stamp-----

Please return this certificate to the ASSISTANT DIRECTOR - PENSION ADMINISTRATION P.O. Box 40241-00100 NAIROBI or via email: [pensions@kws.go.ke](mailto:pensions@kws.go.ke) on or before **30<sup>th</sup> June 2026**. **Failure to return this form will lead to stoppage of your pension.**