

Date.....

Dear Sir/Madam,

REF: CERTIFICATE OF INFORMATION, 2016

Kindly provide the following information:

DECEASED'S NAME..... S/NO.....

BENEFICIARY'S NAME..... RELATION.....

DATE OF BIRTH..... ID No.

ADDRESS

C/o..... P.O Box.....

Town..... Mobile No.....

ACCOUNT DETAILS

Bank.....

Account name.....

Account No..... Branch.....

Signature..... Date.....

WITNESS

The following can act as witness: Area Chief, Commissioner of Oaths, County Commissioner, Assistant County Commissioner, Doctor or Pastor/Imam.

NAME..... TITLE.....

SIGNATURE DATE.....

STAMP.....

NOTE: In case you have changed your Bank account details, please attach a copy of the new Bank account card.

Please return this certificate of information to: **The Trust Secretary – Kenya Power Pension Fund, P.O. Box 1548 – 00600 Nairobi**, so as to reach him on or before **31st January, 2017**. Failure to return this form will lead to **suspension of your pension**.

Yours faithfully,

For: **THE TRUSTEES**



H.K. KYANDA
TRUST SECRETARY