



**P. O. BOX 47936, 00100 – NAIROBI, TEL:0711 036298/0711 036917**

## **CERTIFICATE OF CONFIRMATION - 2020 - PENSIONERS**

It is our sincere hope that you are doing well in retirement. For quality service, prompt pension payment and in accordance with the scheme Trust Deed & Rules, it is a requirement that you provide us with the following information annually.

**PENSIONER'S NAME**----- **TEL:**-----

**EMAIL**----- **P. O. BOX** -----

**POSTAL CODE** ----- **TOWN**-----

### **NEXT OF KIN/BENEFICIARY (CIES)**

No.	Name	Date of Birth	Relationship	Share of benefits %
1				
2				
3				
4				
5				
6				

**Pensioner's Signature**----- **IDNO.**----- **Date** -----

### **Witness**

Either of the following can witness that the information given above is correct to the best of their knowledge.

**Area Chief, Commissioner of Oaths, County Commissioner, Doctor, Pastor, Imam, School Principal, Accountant or a Bank Manager.**

**Witness name**----- **sign**----- **date**-----

**Rubber stamp**-----

Kindly return this certificate to **CEO & TRUST SECRETARY**, KenGen Staff Retirement Benefits Scheme, **P. O. Box 47936, 00100 NAIROBI** so as to reach him by **31<sup>ST</sup> March, 2021** OR Email the form to **[pensions@kengensrbs.co.ke](mailto:pensions@kengensrbs.co.ke)**.

Failure to return this form on or before the stated date shall lead to **suspension of your pension.**