

## BOARD OF TRUSTEE



## NATIONAL SOCIAL SECURITY FUND

P.O. BOX.....

### APPLICATION FOR BENEFIT

#### Item List

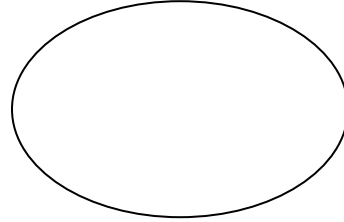
- (i) Original membership card or application for **DMC**.
- (ii) A clear and legible copy of identity document.
- (iii) Address of payment and N.S.S.F. office of cheque collection.
- (iv) **Bank account name, Address and account number.**
- (v) History of work specifying employer(s), name(s), personal number(s), and period worked for in respect of each employer(s).
- (vi) A clear impression of **LTP** on application form (No.9).
- (vii) A clear impression of **LTP** on Form **SF/BN/CC/0007 part 1**.
- (viii) A full set of finger prints.
- (ix) **Original retirement /termination letter/certificate of service and copy for certification. Where original is not available, a copy can be certified by your former employer. It (copy) MUST have the name, signature, designation of the certifying officer and official rubber stamp.**
- (x) A certified copy of retirement letter (on medical grounds) for invalidity benefit.
- (xi) Medical/treatment records from the hospital attended.
- (xii) A current statement of account.
- (xiii) VISA document in support of emigration claims.
- (xiv) Affidavit of permanent emigration **without intention of coming back.**
- (xv) A certified copy of GP 24 revised or confirmation in appointment letter.
- (xvi) Application for invalidity Benefit must have Form **SF/BN/BF/01(1B)**, part 1 fully completed by a qualified doctor at the hospital they attended before presenting the same at the nearest NSSF office.
- (xvii) Applicants for survivor's Benefit must have the application form **SF/BN/BF/01(SB)** fully completed by the District Commissioner/District Officer, unless the deceased died in a foreign country.

**FOR OFFICIAL USE ONLY**

**NSSF OFFICIAL RUBBER STAMP**

Checked and received by.....

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



**Remarks**

.....  
.....  
.....

**PARTICULARS OF MEMBERS**

1. Fund Number: --                      Benefit Code:                      Cheque Collection office

2. Payee name (IN BLOCK LETTERS)

3. National ID card number.

4. Nationality:

- Division :
- Sub/ Location :
- Home District:
- Location:
- Village

5. Permanent address:

6. Telephone No:

E-mail Address:

7. Contact person:

Telephone Number

8. Address of Contact Person:

9. **For Emigrant Only:**

- Date of emigration:
- Address after Departure:
- Country of Destination.

**10. DETAILS OF EMPLOYEMENT**

<b>EMPLOYER NAME AND ADDRESS</b>	<b>P/NO</b>	<b>DATE EMPLOYMENT</b>	
		<b>STARTED</b>	<b>CEASED</b>
<b>1<sup>ST</sup></b>			
<b>2<sup>ND</sup></b>			
<b>3<sup>RD</sup></b>			
<b>4<sup>TH</sup></b>			

**11. Declaration by former civil servant/Teachers**

Permanent and Pensionable (P&P) terms of service w.e.f  
( Attach confirmation letter or GP 24 (revised))

**12. Declaration by former Member**

I confirm that the information given above is true to the best of my knowledge.

Date:

**LEFT THUMB PRINT**



**WARNING**

Any person who, for the purpose of obtaining any benefit, for himself/herself or for any other person, (whether or not they are entitled to such benefit,) knowingly makes a false statement or representation or who produces or furnishes or causes to be produced or furnished any document or information which he/she knows to be false in any material particular .....shall be guilty of an offence and liable to a fine not exceeding Kshs, 15,000. in accordance to NSSF Act, Chapter 258, Laws of Kenya.