

**BOARD OF TRUSTEES**



**NATIONAL SOCIAL SECURITY FUND**

**P.O. BOX 30599, NAIROBI**

**CLAIMANT'S PARTICULARS**

**SF/BN/CC/007**

**PART (i)**

CLAIMANT'S NAME.....

NSSF NUMBER.....

ID CARD NUMBER.....

**LEFT THUMB PRINT OF CLAIMANT**

**NOTE: The thumb print must be in black ink taken at any NSSF office, Police station or registration office.**

**PART (ii)**

**FOR OFFICIAL USE ONLY**

**Left thumb print verified by:**

Name/Stamp.....

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

**FINGER PRINT OFFICER (CLAIMS VERIFICATION SECTION)**

**PAYMENT PARTICULARS TO BE ENTERED BEFORE ATTACHING TO CHEQUE**

Cheque No.....Amount Ksh.....Cts..... Dated.....

**SF/BN/CC/007**

**PART (iii) FULL SET OF FINGER PRINTS FOR CLAIMANT**  
**(TO BE TAKEN ONLY WHEN COLLECTING THE CHEQUE)**

DISTRICT.....DIVISION.....

LOCATION.....SUB LOCATION.....

VILLAGE.....DATE OF BIRTH.....

F.P. CLASSIFICATION.....

**ROLLED ON IMPRESSIONS-RIGHT HAND**

1. RIGHT THUMB	2. R. FORE FINGER	3. R. MIDDLE FINGER	4. R. RING FINGER	5. R. LITTLE FINGER

**ROLLED ON IMPRESSIONS-LEFT HAND**

1. LEFT THUMB	2. L. FORE FINGER	3. L. MIDDLE FINGER	4. L. RING FINGER	5. L. LITTLE FINGER

PLAIN IMPRESSION TAKEN SIMULTANEOUSLY

**LEFT HAND**

**RIGHT HAND**

Name/ stamp of officer taking prints

Signature

Date

.....

Right Thumb  
Impression

**NOTE:**

When a finger is amputated, deformed or so injured that the impression thereof cannot be obtained the fact should be noted in the space provided for that impression.

Left Thumb  
Impression

**B**

**SF/BN/CC/007**