

LAPTRUST

P. O. BOX 28938,
00200, NAIROBI

TEL: 222016/248408/252744 CELL:0720-433354
FAX: 251807 :0735-763293

LIFE CERTIFICATE IN RESPECT OF SUPERANNUITANT

I hereby certify that:.....

Whose wife/husband/parent was formerly employed in

Superannuation Fund number: **File no.** I.D/Passport No.

has appeared before me this..... Day of..... and append her/his signature hereto in my presence.

SIGNATURE OF WITNESS:

POSTAL ADDRESS:

TELEPHONE No : **STAMP:**

DESIGNATION:

SIGNATURE OF PENSIONER:

ADDRESS:

TELEPHONE No :

NAME OF BANK:

BRANCH: **ACCOUNT NO:**

*(Please note that only bank accounts are acceptable and **not SACCO** accounts)*

NAME OF NEXT OF KIN:

I.D OR PASSPORT NUMBER:

This certificate should be signed by a Local Government Chief/Deputy Officer, District Commissioner/District Officer, Magistrate, Bank Manager, Member of Parliament, Minister of Religion, Medical Practitioner, Justice of Peace, an Advocate or Solicitor.

The witness should state the office held by him and the area of his jurisdiction, the church, /chapel or the bank in which he/she officiates.

Any change of marital state of female Super annuitant must be stated by the witness.

This certificate is required from each Super annuitant every six months and should be **completed not later than the 10th of February and 10th of August every year.**

Please return this form to the following address:

**The Managing Trustee,
LAP Trust,
P. O. Box 28938,00200, NAIROBI**

NB: Please note if certificate is not received on the dates specified above, payment may be withheld.