

REPUBLIC OF KENYA THE NATIONAL TREASURY AND ECONOMIC PLANNING PENSIONS DEPARTMENT

CHANGE OF PAYPOINT AND/OR CHANGE OF BANK ACCOUNT REQUEST FORM

[Section 1: Pensioners' Information]
Pension File No:
Full Name:
National Identity Card No:
Address:
Telephone No:
Email Address:
[Section 2: Current Bank Information]
Current Bank Name:
Current Account No:
Current Account Name:
Attach 6 months' Bank Statement
Pensioner's Bank Statement Authenticated YES NO NO
[Section 3: New Bank Information]
New Bank Name:
New Account No:

New Account Name:

Authorized Bank Officer:		
Authorized Signature:		
Date:		
	RUBBER STAMP EW BANK	
Please Submit this form to the Pens	ions Department via email at: secretat	ry.pensions@treasury.go.ke
[Section 4: Declaration]		
my old bank account to the ne discrepancies or delays in the proce	s form, I am authorizing the transfer of the bank account mentioned above.	I acknowledge that any nsions Department.
	ay point Change is	
	Date:	
[Section 5: For Pensions Departm	nent Use Only]	
For Received Date:	Allocated No	
Processed by:	Sign:	
Date Processed:		