

PUBLIC SERVICE SPECIAL PENSION ACT, 2017
APPLICATION FOR PUBLIC SERVICE PENSION (Schedule 2)

To be completed in Capital letters by all applicants

NIN NUMBER

Gender <input type="checkbox"/> F <input type="checkbox"/> M	Family name	Given Name (s)
	Family name at birth, if different	Given name (s) at birth, if different
Date of birth day month year ___/___/___		Place of birth _____

Previous employer (if applicable) Post title Date of employment: from.....to..... Total years of service	Current Employer (if applicable) Post title Date of employment: from.....to..... Total years of service
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State the financial institution of your choice where you wish your pension to be paid

Name of financial institution	Your account number
_____	_____
Address and telephone number _____	

I declare that all the information given on this application is true and correct

Signature _____ Date: ___/___/___

DOCUMENTS TO ACCOMPANY APPLICATION

Certified Copy of National Identity Card
 Certified Copy of Birth Certificate

Please return completed form and all documents to the Chief Secretary, Public Service, P.O.Box 56,
 Department of Public Administration, National House, Tel 4383000.

FOR OFFICIAL USE

APPLICATION RECEIVED BY:.....DATE:.....

APPLICATION VERIFIED BY:.....DATE:.....

EFFECTIVE DATE OF PENSION

APPLICATION APPROVED BY:.....DATE:.....