

C/PEN:

CONFIDENTIAL INFORMATION

PENSION DATA FORM

NAME OF PENSIONER: _____

IDENTITY i.e. PASSPORT, DRIVING LICENCE etc: _____

DATE OF BIRTH: _____

DATE OF 1st APPOINTMENT IN THE SERVICE: _____

LAST GOVERNMENT MINISTRY/DEPARTMENT RETIRED: _____

DATE RETIRED: _____

DESIGNATION/POSITION AT THE TIME OF RETIREMENT: _____

PENSION NUMBER: _____

HOW DO YOU RECEIVE YOUR PENSION

1. THRU BANK: - NAME OF BANK _____

- BRANCH _____

- ACCOUNT NO. _____

2. THROUGH WARRANT: _____

- NAME OF TREASURY _____

- CASHIERS OFFICE _____

CURRENT MONTHLY GROSS PENSION: _____

MARITAL STATUS: _____

NAME OF SPOUSE/S: _____

NUMBER OF DEPENDANTS: _____

SURNAME	FIRST NAME	DATE OF BIRTH	RELATIONSHIP

PHYSICAL ADDRESS: _____

TELEPHONE NUMBER (S): _____

HOME DISTRICT: _____

TRADITIONAL AUTHORITY: _____

VILLAGE: _____

PENSIONER

ACB

AUDITOR

NAME:

NAME:

NAME:

SIGNATURE

SIGNATURE

SIGNATURE