



NATIONAL PENSION SCHEME AUTHORITY

GUARDIANSHIP CONFIRMATION FORM

1. DECEASED MEMBER'S DETAILS

SURNAME _____

FIRST NAME _____

SOCIAL SECURITY NUMBER _____

NATIONAL REGISTRATION CARD No. _____

DATE OF BIRTH _____

2. GUARDIAN'S DETAILS

SURNAME _____

FIRST NAME _____

NATIONAL REGISTRATION CARD No. _____

RELATIONSHIP TO DECEASED MEMBER _____

3. MINOR CHILD/CHILDREN DETAILS

<i>FULL NAMES</i>	<i>DATE OF BIRTH</i>	<i>NAME & ADDRESS OF SCHOOL / VILLAGE</i>

4. GUARDIAN'S DECLARATION

I hereby declare that the information I have given above in support of this claim is correct.

I further declare to use the benefit for the maintenance and support of the children named at part 3 above.

Date _____ Claimant's Signature _____

5. ATTESTING WITNESS:

SCHOOL / SOCIAL WELFARE OFFICER / CHIEF

I _____, the Head Teacher / Social Welfare Officer / Chief of _____ do hereby confirm that to the best of my knowledge Dr/Mr./Ms. _____ is the guardian of the named child/ children.

Date _____ Signature _____



6. FOR OFFICIAL USE

NAME _____

MAN # _____

DATE _____