Office of the Chief Executive Officer
Workshop Road off Haile Selassie Avenue
P.O Box 46796- 00100, Nairobi
Tel: 0719314249
Email: admin@krsrbs.co.ke
Website: www.krsrbs.co.ke

HEAD COUNT FORM

NB: This form is to be returned by the pensioner personally as soon as it is filled when requested by the office. Delay in return will result to suspension from the payroll and subsequent payment will only be paid upon production of the same or evidence of survival as per the scheme rules. THE ACCURACY OF THE DATA GIVEN IS CRITICAL TO THIS EXERCISE AND ANY FALSE INFORMATION GIVEN WILL INVITE ADVERSE CONSEQUENCES TO THE PENSIONER.

Pensioner ☐ **Dependant** ☐ **Gurdian** ☐

PERSONAL DETAILS

Full Name(s):…….

Identity Card No.:……..

Check Number (C/No)……..

Mobile Phone No.…….....

Full Name and relation of next of kin
Full Name of next of kin:
.....

Relationship: ..... Mobile Phone No:……

I certify that all this information is accurate and herewith append my signature (Pensioners)

Signed:……..

This form has been duly filled and surrendered by the pensioner and received by (Head count officer)

Full Name……...

Signature:…… Date……

This form should be submitted on production of an original Identity Card and accompanied with a copy of the same.