

CERTIFICATE OF INVALIDITY



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MR/MISS/MRS.....

N.S.S.F Number.....

In compliance with the legal notice 85 of 2014 and section 38 of the National Social Security Fund Act No.45 of 2013 which requires a declaration by a qualified medical practitioner as to the truth of statement of fact;

Having examined the above named person and considered the doctors comprehensive medical report and treatment records we confirm that he/she is suffering from:

.....
.....

Of:-

a) Permanent total incapacity

b) Partial incapacity of a permanent nature, and that he/she is unable by reason of such disability to earn a reasonable livelihood.

The degree of permanent incapacity, if any is..... percent.

We Concur **DO NOT concur with the Doctors comprehensive medical report and recommendation that he/she is INVALID/NOT INVALID**

SIGNED BY:

1. DR.....Signature.....Date

2. DR.....Signature.....Date.....

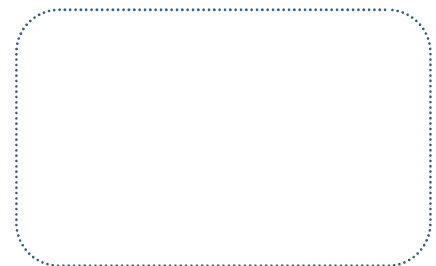
3. DR.....Signature.....Date.....

Forwarded by the medical Superintendent

Name.....

Signature

Date.....



Official Rubber Stamp

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