

AUTHORITY TO PROCESS CLAIM

PENSION/PROVIDENT FUND



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PART I: Claim Verification Section (CVS)

Please identify the applicant (s) in this claim and issue a **dummy “B” certificate** in order to initiate processing of payment

Member Name											
Member Number											

Name.....

Signature.....

Date.....



Official Stamp

CO/BO (RECEIVING BRANCH)

PART II:

(i) Benefits Award Section (BAS)

I have positively identified the applicant(s) and attached dummy ‘B’ Certificate Noin respect of the member as requested by the receiving officer.

(ii) BM (Receiving Branch)

I have **NOT** identified the applicant(s) and have therefore rejected the claim for the Following reason(s)

Name

Signature.....

Date.....



Official Stamp

FINGERPRINTS OFFICER (CVS)

National Social Security Fund

Social Security House, Bishops Road, P.O. Box 30599-00100, Nairobi
Landlines: 2729911/ 2710552
Email: info@nssfkenya.co.ke

PART III: Benefits Authorization (BA)

I have checked & examined this claim and the supporting documents and found it in order. On the basis of positive identification by the Claims Verification Section, I recommend the following applicant(s) to be paid the amount Awarded Without alteration.

Payee(s) Personal Details

Name											
ID Number											Share (%)

Name											
ID Number											Share (%)

Name											
ID Number											Share (%)

Name

Signature.....

Date.....



Official Stamp

BENEFITS OFFICER (AWARD)

NB

Cross out if not needed

WARNING

Any person who fails to disclose or misrepresents any material fact whether or not such nondisclosure or misrepresentation is fraudulent and receives any benefits he is not entitled to receive as a consequence of the non disclosure or misrepresentation is liable to repay the benefits within 21 days. A person who contravenes this is liable on conviction to a fine not exceeding KSHS: 300,000/- or imprisonment for a term not exceeding three months or both, in accordance to **NSSF ACT NO. 45 OF 2013**, laws of Kenya