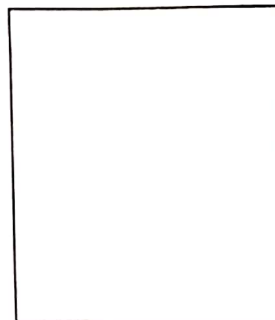


PENSIONS FORMS NS7 (REVISED 2009)

Attach Stamp  
Of employer or  
L C. 1



The Permanent Secretary,  
Ministry of Public service  
Pension department  
P. O. BOX 7003, KAMPALA

- 1. From: Name of Retiring / Public Officer/ Deceased .....
- 2. Ministry/ District: .....
- Department: .....
- PAB No. (For deceased soldiers Of PDF).....

**3. PLEASE RECORD THE FOLLOWING REQUESTS AND INFORMATIONS**

My address after retiring / Address of Claimant will be:

Names of the retiring Officer/  
Claimant.....

Village/ zone: .....sub county/ Division .....

County:.....District.....

BOX No. ....Tel.....

**4. My pension/ Gratuity should be to credit of my Account at:**

**Bank:**.....**Branch:**.....

**Account title:**.....

**Account no:**.....

Name .....signature & stamp.....

**5. The following are members of immediate Family:**

Spouse(s) (where applicable)

1: .....

2:.....

Children (in case of deceased, the children of the late)

Names

1.....

2.....

3.....

(Put extra names overleaf)

**6. Employer's certification**

i). Head of Personnel ..... Signature & Date .....

ii). Head of Accounts .....Signature & Date .....

**7. I certify that the above information is correct to the best of my knowledge and belief**

Names of  
Claimant:.....signature:.....

Date.....

*NB. 1. All services rendered by the Ministry of Public service are free.*  
*2. In case of deceased Public Officers. This form should be filled by the beneficiary(s)*