



REPUBLIC OF KENYA  
THE NATIONAL TREASURY AND ECONOMIC PLANNING  
PENSIONS DEPARTMENT

CHANGE OF PAYPOINT AND/OR CHANGE OF BANK ACCOUNT REQUEST FORM

**[Section 1: Pensioner's Information]**

Pension File No: \_\_\_\_\_

Full Name: \_\_\_\_\_

National Identity Card No: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No: \_\_\_\_\_

Email Address: \_\_\_\_\_

**[Section 2: Current Bank Information]**

Current Bank Name \_\_\_\_\_

Current Account No. \_\_\_\_\_

Current Account Name \_\_\_\_\_

Attach 6 months' Bank Statement \_\_\_\_\_

Pensioner's Bank Statement Authenticated YES ☐ NO ☐

**[Section 3: New Bank Information]**

New Bank Name: \_\_\_\_\_

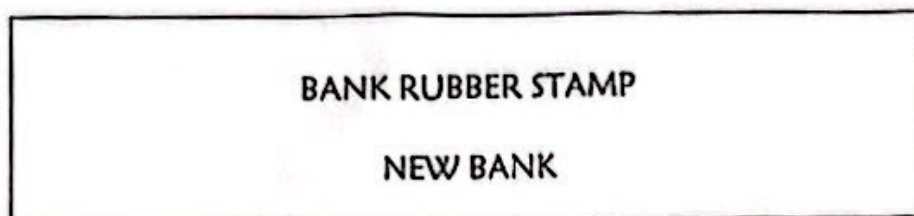
New Account No: \_\_\_\_\_

New Account Name: \_\_\_\_\_

Authorized Bank Officer: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Date: \_\_\_\_\_



*Please submit this form to the Pensions Department via email at: [secretary.pensions@treasury.go.ke](mailto:secretary.pensions@treasury.go.ke)*

**[Section 4: Declaration]**

I understand that by submitting this form, I am authorizing the transfer of my monthly pension from my old bank account to the new bank account mentioned above. I acknowledge that any discrepancies or delays in the process are not the responsibility of the Pensions Department.

The reasons for the Bank Change / Pay point Change is \_\_\_\_\_

\_\_\_\_\_

Pensioner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**[Section 5: For Pensions Department Use Only]**

Form Received Date: \_\_\_\_\_ Allocated No. \_\_\_\_\_

Processed by: \_\_\_\_\_ Sign: \_\_\_\_\_

Date Processed: \_\_\_\_\_

*Please attach a copy of your national identity card and bank plate*