



KENYATTA NATIONAL HOSPITAL
P.O. BOX 20723, 00202 Nairobi

Tel.2726300/2726450/2726550
Fax: 2725272
Email: knhadmin@knh.or.ke

REF: KNH/HR/4

PART I: PERSONAL PARTICULARS

FULLNAME.....P/No.....
 NATIONAL ID/No.....DESIGNATION.....D.OF BIRTH.....
 DATE OF FIRST APPOINTMENT.....MARITAL STATUS.....
 MOBILE NO.....DIVISION/DEPT/UNIT.....
 NEXT OF KINMOBILE NO.....RESIDENTIAL AREA.....

PART II: SPOUSE & CHILDREN

	Beneficiary(ies) Full Name	DATE OF BIRTH	AGE	RELATIONSHIP	IP/NO	UMR NO
SPOUSE						
CHILD 1						
CHILD 2						
CHILD 3						
CHILD 4						

NAME.....SIGNED.....Date.....

Verified By:

NAME.....
 DESIGNATION.....
 SIGNED.....
 DATE.....

NB:

- ✓ ATTACH YOUR MARRIAGE CERTIFIED OFR MARRIAGE AFFIDAVIT DULY SIGNED BY AUTHORIZED NOTARY AND CHILDREN BIRTH CERTIFICATES.
- ✓ CHILDREN ABOVE TWENTY-ONE (21) YEARS, LETTER OF PROOF THAT THE CHILD IS ENROLLED IN A LEARNING INSTITUTION AND THE LAST PAYMENT MADE TO THE SCHOOL.