nssa
A Lifelong promise

NATIONAL SOCIAL SECURITY AUTHORITY
LETTER OF GUARDIANSHIP

I.....ID NO.....

OF.....
SCHOOL, CHURCH, AREA, VILLAGE, PROVINCE, TOWN (State physical address)

POSITION IN SOCIETY: HEADMASTER/HEADMISTRESS/MINISTER OF RELIGION/CHIEF/HEADMAN SOCIAL WELFARE OFFICER/JUSTICE OF PEACE/COMMISSIONER OF OATHS (Tick the applicable)
Do hereby solemnly and sincerely declare the following.

FIRST NAME(S) AND SURNAME	SEX	DATE	Name of school being attended (if applicable)

Are under the guardianship/custody of.....
(Full Names)

I.D. No. .....Of.....
(PHYSICAL ADDRESS)

I declare that the information I have given is true and correct.

....
SIGNATURE DATE OFFICIAL STAMP

The following persons submitted oral evidence before me on.....

RELATIVE	RELATIVE
FULL NAMES:	FULL NAMES:
I.D. NUMBER:	I.D. NUMBER:
PHYSICAL ADDRESS:	PHYSICAL ADDRESS:
RELATIONSHIP:	RELATIONSHIP:
SIGNATURE:	SIGNATURE:
DATE:	DATE:

NB* 1. Give false information is liable to prosecution.

2. This form is valid only when it carries signatures of relatives of both member widow and widower.