

# TEACHERS SERVICE COMMISSION

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TSC HOUSE  
KILIMANJARO ROAD  
UPPER HILL  
PRIVATE BAG  
NAIROBI, KENYA

## TEACHERS NEXT-OF-KIN FORM

### 1. NOTES

- The next of kin will automatically assume the role of legal personal representative.
- Relationship means : Husband/Wife/Son/Daughter/Father/Mother e.t.c
- Any change on the teacher's records should be communicated immediately by the teacher to the Commission.

2. NAME \_\_\_\_\_ TSC No. \_\_\_\_\_ ID/No. \_\_\_\_\_ .  
(Full name in block letters)

3. Date of first appointment as (a) Untrained Teacher (UT) \_\_\_\_\_ .  
(b) Trained Teacher (P/P) \_\_\_\_\_ .

4. PERMANENT ADDRESS - P. O. Box \_\_\_\_\_ , Code \_\_\_\_\_ , Town \_\_\_\_\_ .

5. HOME DISTRICT \_\_\_\_\_ , DIVISION \_\_\_\_\_ , LOCATION \_\_\_\_\_ .

### 6. DECLARATION:

I, Mr/Mrs/Miss/Dr/. \_\_\_\_\_ , ID/No. \_\_\_\_\_ .  
hereby declare/ nominate the following as my next of kin and dependants:-

#### NEXT OF KIN

S/N	NAME(S)	AGE	RELATION	CONTACT ADDRESS/PHONE
1.				
2.				
3.				
4.				
5.				

(Please turn to page 2)

**DEPENDANTS**

S/N	NAME(S)	AGE	RELATION	CONTACT ADDRESS/PHONE
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

7. TEACHER'S SIGNATURE \_\_\_\_\_, DATE \_\_\_\_\_ .

8. NAME AND ADDRESS OF AREA CHIEF \_\_\_\_\_ .  
\_\_\_\_\_  
\_\_\_\_\_ .

9. HEADTEACHER/DEPUTY HEADTEACHER/WITNESS

Name \_\_\_\_\_ .

Address \_\_\_\_\_ .

Sign. \_\_\_\_\_ , Date \_\_\_\_\_ .

Official Stamp: \_\_\_\_\_ .