



**EMBASSY OF THE FEDERAL
REPUBLIC OF NIGERIA
PARIS**

TO ALL RETIRED MILITARY PENSIONERS!!!!!!!!!!

**SENSITIZATION OF PENSIONERS ABROAD ON THE NEXT OF KIN
INDEMNITY FORM FOR MILITARY PENSIONERS**

The Next of Kin (NOK) Indemnity Forms 200A and 200B was introduced in February, 2018 for military pensioners by the Military Pensions Board (MPB). The Forms are designed to hold NOKs responsible for lateness or concealment of information on the demise of pensioners as has been observed by the MPB. This act and other fraudulent practices have been identified as the major sources of pension fund leakages. The form also afford critically ill pensioners and retirees in the diaspora the opportunity to clear themselves, especially for those who were unable to attend the 2017 Military Pensioners Verification Exercise (2017 MPVE).

In this regard, all pensioners on the MPB database are required to complete all sections of the forms including the sections for the Notary Public/Commissioner for Oath in Nigeria. In addition, all those who missed the 2017 MPVE are to ensure that their completed original forms are submitted to MPB on or before 30 April, 2018.

Find attached sample of the forms and it is also available on the MPB website (www.mpb.ng).

Thank You.

Embassy of Nigeria
Paris, France

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MPB FORM 200A

MILITARY PENSIONS BOARD
RECORDED NEXT-OF-KIN MILITARY PENSIONER INDEMNITY FORM

Pensioner's
Photo

NOK's
Photo

1- Pensioner's Details:

- a. Name.....
- b. Service Number.....
- c. Rank.....
- d. MPB Number.....
- e. Residential Address
- f. Postal Address
- g. Email Address
- h. Bank Name and Address
- i. Account Number.....
- j. BVN Number.....

2. NOK's Details:

- a. Name.....
- b. Date of Birth.....
- c. Relationship to pensioner.....
- d. Tel Numbers
- e. Residential Address
- f. Postal Address.....
- g. Email Address

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- h. Marital Status.....
- i. Name of Spouse.....
- j. Employee/Office Address.....
- k. Designation.....
- l. Nigerian Bank Name and Address.....
- m. Nigerian Bank Account Number.....
- n. Nigerian BVN Number

3. NOK Certification:

I hereby depose that I am the true and certified NOK of the above mentioned military pensioner.

I have verified the details of the pensioner and ascertained on my honour that they are correct. I fully understand that it is my responsibility to promptly inform the Military Pensions Board of any changes/updates affecting the pensioner (including death).

I am liable to be prosecuted in accordance to extant laws for fraud/liabilities incurred against public funds arising from my responsibility as NOK.

In the presence of:

- a. Name.....
- b. Occupation.....
- c. Address.....
- d. Signature.....

Dated this..... Day of2018

Before me

Commissioner for Oath/Notary Public

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MPB FORM 200B

MILITARY PENSIONS BOARD
IN LIEU OF NEXT-OF-KIN MILITARY PENSIONER INDEMNITY FORM

Pensioner's
Photo

Representative's
Photo

1 Pensioner's Details:

- a. Name.....
- b. Service Number.....
- c. Rank.....
- d. MPB Number.....
- e. Residential Address.....
- f. Postal Address
- g. Email Address
- h. Bank Name and Address
- i. Account Number.....
- j. BVN Number.....

2. Representative's Details:

- a. Name.....
- b. Date of Birth.....
- c. Relationship to pensioner.....
- d. Tel Numbers
- e. Residential Address
- f. Postal Address.....
- g. Email Address
- h. Marital Status.....

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- i. Name of Spouse.....
- j. Employee/Office Address.....
- k. Designation.....
- l. Nigerian Bank Name and Address.....
- m. Nigerian Bank Account Number.....
- n. Nigerian BVN Number

3. Representative's Certification:

I hereby depose that I am the true representative of the above mentioned military pensioner.

I have verified the details of the pensioner and ascertained on my honour that they are correct. I fully understand that it is my responsibility to promptly inform the Military Pensions Board of any changes/updates affecting the pensioner (including death).

I am liable to be prosecuted in accordance to extant laws for fraud/liabilities incurred against public funds arising from my responsibility as the representative.

4. In the presence of:

- a. Name.....
- b. Occupation.....
- c. Address.....
- d. Signature.....

Dated this..... Day of2018

Before me

Commissioner for Oath/Notary Public

This form is renewable on or before 31 January every year.