

PSF 23



THE REPUBLIC OF UGANDA

PASSPORT  
SIZE PHOTO OF  
CLAIMANT AND  
STAMPED BY  
THE SUBMITTING  
OFFICE

APPLICATION FOR DEATH GRATUITY

To: .....  
.....  
.....

From: Ministry/Department/Local Government.....

Instructions:

- 1. Part A of the Form should be filled by the beneficiary(s)
- 2. Part B of the Form to be filled by the Responsible Officer
- 3. Please note that submission of wrong information may lead to prosecution in accordance with the Penal Code Act.

PART A

PERSONAL INFORMATION

- 1. I apply for death gratuity in respect of Mr./Mrs./Ms./Dr. ....  
.....
- 2. Registration Number/Force Number (where applicable).....
- 3. PAB Number (UPDF Widows/Orphans).....
- 4. Date of Death:      **DD**                  **MM**                  **YYYY**
- 5. Designation.....
- 6. Salary Scale       7. Salary per annum
- 8. Mode of payment (Fill either 8.1 or 8.2)
- 8.1 To be filled by persons with letters of Administration only. An Estates Bank Account should be opened in this case.

- 8.2 **To be filed by persons without letters of Administration only.**
- 8.3 **UPDF widows and orphans should open bank accounts in the names as provided by the PAB**

8.1 Applicants with letters of Administration

(1)  I have attached letters of administration indicating that Dr/Rev/Fr/ Mr./Mrs./Ms..... is the legal representative of the estate of the late.....

(2) The death gratuity should be paid to the credit of:

Bank	
Branch	
Account Title	
Account Number	

8.2 Applicants without letters of administration

I confirm that I have opened up a file with Administrator General's office where all payments will be remitted.

9. **Contact Details:**

District	
Sub County/ Division	
Village	
L.C.1	
Postal Address	
Telephone Number	
Email	

10. **Declaration by the Applicant**

I certify that the information given in Part A of this form is correct to the best of my knowledge and belief

Name..... Relationship.....

Signature..... Date.....

**PART B (TO BE FILLED BY RESPONSIBLE OFFICER) PARTICULARS OF SERVICE**

**11. Record for Pensionable Service**

Post/Title	Salary Scale	Basic Salary PA	From: DD/MM/YYYY	To: DD/MM/YYYY	Remarks

**12. Record of Leave of Absence from Duty other than on Full Pay**

From DD/MM/YYYY	To DD/MM/YYYY	Reason	Proportion of salary paid

**13. OUTSTANDING FINANCIAL LIABILITY**

Under this section, Accounting Officers should indicate any financial obligation (salary advance, salary loan etc.) not yet settled by the public officer.

Type of Liability	Amount (Ushs)	Beneficiary (e.g. Government, Credit Institution, Saving Society etc)
<b>Total outstanding liability</b>		

