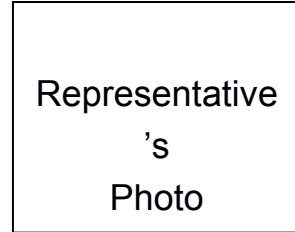


**MPB FORM 200B**

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



**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. Bank Verification Number (BVN).....

**2. Representative's Details:**

- a. Name.....

RESTRICTED

- b. Date of Birth.....
- c. Relationship to pensioner.....
- d. Tel Numbers .....
- e. Residential Address .....
- f. Postal Address.....
- g. Email Address .....
- 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 Bank Verification Number (BVN) .....

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.

Signature.....

4. In the presence of:

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

Dated this.....Day of .....2018

Before me

Commissioner for Oath/Notary Public

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