

**COLORED
PASSPORT
PHOTOGRAPHS**

(Please attach 2)

APPLICATION/F001/04

IPP MEMBERSHIP APPLICATION FORM

6th Floor, CPF House, P. O. Box 28938-00200, Nairobi
Tel: 020-2248408/ 2222016/ 2252744/ 2046901-5
Website: www.cpf.or.ke E-mail: info@cpf.or.ke



SECTION A: APPLICANT'S PERSONAL INFORMATION

Full Name: _____ Male Female

Date of Birth: _____ (DD/MM/YYYY) Marital Status: _____ (Single/Married/Divorced/Separated/Widowed)

Expected Retirement Date: _____ ID Number: _____ Date of 1st Contribution: _____

Amount: _____ In words: *Kenya Shillings*

Mobile No: _____ Email Address: _____

Postal Address: _____ Code: _____ Town: _____

SECTION B: MODE OF PAYMENT

Frequency of Payment: Daily Weekly Monthly
Quarterly Bi-Annual Annual

Mode of Payment: Check-Off Standing Order Cheque
M-PESA Direct Debit

How did you know about Laptrust Individual Pension Plan Scheme?

Existing member Agent CPF Staff
Referral Advertisement

Other (please specify): _____

SECTION C: NEXT OF KIN'S INFORMATION (MUST BE ABOVE 18 YEARS)

Full Name: _____

Mobile Number: _____ Relationship: _____
(To the Applicant)

SECTION C: DECLARATION

I certify that the above information is true and correct in every respect to the best of my knowledge. I hereby consent to remit my contributions on or before the agreed due dates as required by the Retirement Benefits Act & Regulations.

Signature: _____ Date: _____

APPLICANT NOTE: Please attach copy of National ID/passport with the Form:

SECTION D: FOR OFFICIAL USE ONLY

Date Received:	Certified By (Name):
Applicant Introduced By:	Copy of ID Attached (tick): Yes <input type="checkbox"/> No <input type="checkbox"/>
Admitted by (Name):	Date Processed: