

IPP MEMBERSHIP APPLICATION FORM

SECTION A: APPLICANT'S PERSONAL INFORMATION

 Full Name: _____ Male Female

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

Name of Employer _____ ID Number: _____ KRA PIN: _____

 Amount: _____ In words: Kenya Shillings _____

Mobile No: _____ Email Address: _____

Postal Address: _____ Code: _____ Town: _____

 Type of Scheme: Voluntary Scheme Gratuity Scheme

SECTION B: MODE OF PAYMENT

 Mode of Payment: Check-Off Standing Order MPESA/Airtel

For Check-Off Mode Employer to confirm through Payroll Section by Stamping: _____

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

Full Name: _____

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

SECTION D: DECLARATION

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

Signature of Member: _____ Date: _____

SECTION E: FOR OFFICIAL USE ONLY

Agent Name & Code: _____ Signature: _____ Date: _____

 Copy of ID Attached (tick): Yes No

Admitted by: _____

Date Processed: _____

APPLICANT NOTE:

Please attach copy of National ID/Passport & Passport Photo on the Form.