



Attach (2)
passport size
photos

COUNTY PENSION FUND

CPF House, 7th Floor, Haile Selassie Avenue,

P.O Box 28938-00200 Nairobi.

Mob: 0720-433 354, 0735 763 293

Tel: +254 (020) 2046901-5

Email: info@cpf.or.ke

REGISTRATION FORM

PART A: PARTICULARS OF CONTRIBUTOR

Full Name: _____ Male Female

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

Employer: _____ Date of Employment: _____

ID Number: _____ Payroll Number: _____ Department/Station: _____

Mobile No: _____ Email Address: _____

Postal Address: _____ Code: _____ Town: _____

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

Full Name: _____ ID Number: _____

Mobile Number: _____ Relationship: _____

SECTION C: DECLARATION

I certify that the above information is true and correct in every respect to the best of my knowledge.

I hereby give consent to the Employer to make monthly deductions from my salary as required by the Regulations of County Pension Fund and remit the same on due dates. I agree to be bound by County Pension Fund Rules & Regulations

Signature: _____ Date: _____

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

SECTION D: EMPLOYER CONFIRMATION

The information provided herein is correct and accurate in accordance with our records.

Signature of Authorized Official: _____ Date: _____

Designation: _____ Official Stamp: _____

SECTION E: FOR OFFICIAL USE ONLY

Recruited by (Name):		Certified by (Name):	
Employer Code Number:	Copy of ID Attached(tick): Yes <input type="checkbox"/> No <input type="checkbox"/>		
Comments:			
Certified by (Name):			
Admitted by (Name):	Date Processed:		