

LAPTRUST

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

CLAIM FOR RETIREMENT BENEFITS

PART 1: BENEFIT CLAIM SPECIFICATION

Please tick the appropriate box for claim type you would like to submit

Normal Retirement	<input type="checkbox"/>	Resignation/Termination	<input type="checkbox"/>
Early Retirement	<input type="checkbox"/>	Survivor's Benefit	<input type="checkbox"/>
Emigration	<input type="checkbox"/>	Deferred Benefit	<input type="checkbox"/>
Ill Health	<input type="checkbox"/>	Transfer Out	<input type="checkbox"/>

PART 2: MEMBER PARTICULARS

1. Full Names: _____

2. Date of Birth: (DD) _____ (MM) _____ (YY) _____

3. Sponsor(Employer): _____

4. ID /Passport No: _____ KRA PIN(Mandatory): _____

5. Postal Address: _____ Mobile No: _____

6. Email Address: _____

7. Name of Next of Kin: _____ Mobile No: _____

9. Relationship: _____ ID No: _____

PART 3: DECLARATION OF BANK DETAILS

Full details of Bank Account into which retirement benefits will be remitted:

Name of Bank Account holder: _____

Bank Name: _____

Bank Account No: _____ Bank Branch: _____

The above information is to the best of my knowledge and belief accurate for the purpose of paying my retirement benefits.

Claimant's Signature: _____

Date: _____



Left thumb print

Signed in the presence of: _____

Signature: _____

Date: _____

*Kindly attach all the relevant documents