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A SHARI'AH COMPLIANT PRODUCT

**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