



P.O. Box 79592, 00200, CITY SQUARE ~ NAIROBI

**NOTICE OF CLOSURE AND APPLICATION FOR REFUND**

**PART I: (To be filled by Employee)**

**SPONSOR/EMPLOYER:** .....

1. Name .....2.LAPF. No. ....

3. Contact Postal Address:.....Telephone: .....

4. Bank Details: Bank Name .....

5. Date of termination of employment.....

6. Date of cessation of contributions, if different from 5.....

7. Previous Sponsors/employers served as a Contributor, if any:

SPONSOR/EMPLOYER	FROM		TO	
	MONTH	YEAR	MONTH	YEAR

Signature of Applicant: ..... Date .....

**PART II: (To be filled by Sponsor/Employer)**

8. Reason for closure of Account .....

9. Declaration: I, ....., do confirm that the information given above is correct to the best of my knowledge.

Signature: .....Designation: .....

Date ..... OFFICIAL STAMP

**NOTES:**

1. The reasons for closure should be fully stated for the Board to determine under which Section of the Act refund is due.
2. Attach a copy of the letter supporting the reason for closure.
3. Attach a copy of ID Card.
4. Attach a copy of the Bank Card confirming the Account Details; Bank, Branch and Account Number. Please note the payment will be done through Bank Transfer (EFT) only.
5. Attach a copy of KRA PIN Certificate.