



VOLUNTARY APPLICATION FORM

Human Resource Manager / Establishment Officer	
Name of the Institution	
Address	

Dear Sir / Madam

RE: AUTHORITY TO DEDUCT KSHS..... FROM MY SALARY
<p>I,, hereby authorize you to deduct from my salary KSHS..... (in words) every month and promptly pay to Local Authorities Provident Fund of P. O. Box 79592 – 00200 Nairobi.</p> <p>The deductions should be effected from the month of Year and Should continue during my employment unless I advise otherwise</p>

Yours Faithfully

Name:		Personal No:	
ID / No:		PF_No:	
Mobile No:		OFFICIAL STAMP:	
Signature:			
Date:			

NOTE: Please attach photocopy of National Identification Card / Passport

JKUAT TOWERS Formerly ICEA Building, Kenyatta Avenue, 8th Floor, P. O. Box 79592 – 00200, Nairobi.

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