



P.O BOX 79592 00200, CITY SQUARE – NAIROBI

MONTHLY CONTRIBUTION SCHEDULE

LOCAL AUTHORITY / COMPANY					
MONTH		YEAR			
PF_NO	CONTRIBUTOR NAME	<u>EMPLOYEE</u> Contribution (12% of Gross) (KES)	<u>EMPLOYER</u> Contribution (15% of Gross) (KES)	<u>VOLUNTARY</u> Contribution	TOTAL (KES)

NOTES:

- All contributions should be rounded to the nearest shilling. (i.e., no cents)
- The totals must be shown in the last column
- Completed schedule(s) must be sent to the FUND to be received no later than the 15th Day of the month following in which the deductions were made
- Certificate of Monthly Contributions (LAP/3) must accompany Monthly Contributions Schedules

Revised November 2017)

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