



DIASPORA APPLICATION FORM

FOR LAPFUND USE ONLY

Member No.	<input type="text"/>
ENTRY DATE	<input type="text"/>
INITIALS	<input type="text"/>

Please complete all sections

Failure to provide all relevant information and documentation will result in a delay in processing the application form. Further information may be required during the validation process (i.e. questions arising from the information provided).

DETAILS OF THE APPLICANT

If you make any mistakes while completing this form, please cross out the error and write the new information CLEARLY. Each correction must be countersigned by the person(s) completing the form. DO NOT use correctional fluid or other ways of deleting the incorrect information. PLEASE USE CAPITAL LETTERS.

Title	Mr. <input type="checkbox"/>	Mrs. <input type="checkbox"/>	Ms. <input type="checkbox"/>	Other <input type="text"/>
Surname	<input type="text"/>			
First Name (s)	<input type="text"/>			
Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Marital Status	<input type="text"/>
Nationality	<input type="text"/>			
Date of Birth	<input type="text"/>			
ID/ Passport No.	<input type="text"/>			
Issue Date (if passport)	<input type="text"/>	Expiry Date (if passport)	<input type="text"/>	
PIN No.	<input type="text"/>			
Country of Residence	<input type="text"/>			
Current Address	<input type="text"/>			
City	<input type="text"/>	State	<input type="text"/>	ZIP Code <input type="text"/>
Email Address	<input type="text"/>			
Telephone No.	<input type="text"/>			
	<input type="text"/>			

PAYMENT INSTRUCTIONS

I here by commit to credit US D _____ to LAPFUND bank account below on the
1st 5th 10th 15th 20th 25th
of every month beginning from _____ (mm/dd/yy)

BANK ACCOUNT DETAILS OF LAPFUND

Account Name	Account Number	Bank	Branch	Swift Code
Local Authority Provident Fund	1114898767	KCB	Gateway House	KCBLKENX

Forward payment information to diaspora@lapfund.or.ke

NOMINATED BENEFICIARIES

The Client instructs that in the event of death prior to termination of this agreement or death after the termination of the agreement but LAPFUND has not transferred all funds to the client, any funds held by LAPFUND shall be held in Trust to be paid to the beneficiaries listed below:

Particulars of Beneficiaries	Proportion of Benefits (%)
Full Name	_____
ID No./Passport No.	
Telephone No.	
Relationship (if any)	
Email Address	
Full Name	_____
ID No./Passport No.	
Telephone No.	
Relationship (if any)	
Email Address	

* note: make a copy of this page for more beneficiaries

Please tick how would you like to receive communication such as statements, updates etc.

E-mail

Post (attracts a postage fee)

I the undersigned confirm that I have read and understood this declaration and its implications

Applicant Name

Signature

Date