LOCAL AUTHORITY PROVIDENT FUND

P O BOX 79592, 00200, NAIROBI

LAPF/10

Name: .....

LAPF NO. ..... Local Authority: .....

Year	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
	Kshs	Kshs	Kshs	Kshs	Kshs	Kshs	Kshs	Kshs	Kshs	Kshs	Kshs	Kshs	Kshs

NB: (i) The completed schedule must accompany all claim (LAPF/4) forms.

(ii) Contributions must include the employer's share

(iii) The completed schedule must be signed, stamped and dated.