

# LOCAL AUTHORITY PROVIDENT FUND

P O BOX 79592, 00200, NAIROBI

LAPF/11

LAPF NO. ....

Local Authority: .....

PF No.	Name	Jan Kshs	Feb Kshs	Mar Kshs	Apr Kshs	May Kshs	Jun Kshs	Jul Kshs	Aug Kshs	Sep Kshs	Oct Kshs	Nov Kshs	Dec Kshs	Total Kshs

- NB:**
- (i) The completed schedule must accompany all contribution remittance cheques.
  - (ii) Contributions must include the employer's share
  - (iii) The completed schedule must be signed, stamped and dated.