



ADMISSION FORM – GRATUITY CONVERSION

FOR FUND'S OFFICIAL USE LAPF NO _____ ENTRY DATE _____ INITIALS _____

A. (TO BE FILLED BY EMPLOYEE)

Employer: _____

1. Name of Contributor: _____

2. Sex: _____ 3. Date of Birth _____

4. Permanent Postal Address: _____ Mobile No. _____

5. Identity Card Number* _____

6. Date Of Commencement Of Contributions: _____

7. (a) Full names of appointed beneficiary _____

(b) National Identity Card No.*: _____ Relationship : _____

(c) Postal Address : _____

(See overleaf if more than one beneficiary)

8. Consent: I approve the conversion of my service gratuity benefits into a Provident Fund

Signature of Applicant: _____ **Date:** _____

N.B: **Every application must be accompanied with :-*

- The Contributor's passport size photo

- A copy of the Identity Card and next of Kin where available- (both sides)

B. (TO BE FILLED BY EMPLOYER)

I certify that the above particulars are correct.

OFFICIAL STAMP

Signature: _____

Name: _____

Designation: _____ Date: _____

P.O.BOX 79592 - 00200 TEL. 0709805000, ICEA BUILDING 8TH FLOOR, KENYATTA AVENUE, NAIROBI.

Item No. 9 continued

2. (a) Full names of appointed beneficiary: _____

(b) National Identity Card No.*: _____ Relationship : _____

(c) Postal Address : _____

3. (a) Full names of appointed beneficiary: _____

(b) National Identity Card No.*: _____ Relationship : _____

(c) Postal Address : _____

4. (a) Full names of appointed beneficiary: _____

(b) National Identity Card No.*: _____ Relationship : _____

(c) Postal Address : _____

5. (a) Full names of appointed beneficiary: _____

(b) National Identity Card No.*: _____ Relationship : _____

(c) Postal Address : _____

6. (a) Full names of appointed beneficiary: _____

(b) National Identity Card No.*: _____ Relationship : _____

(c) Postal Address : _____

SIGNATURE OF APPLICANT: _____ Date: _____