

P.O. BOX 79592 - 00200, NAIROBI
NOTICE OF CLOSURE AND APPLICATION FOR REFUND

PART I: (To be filled by Employee)

SPONSOR/EMPLOYER:

1. Name 2. ID. No.....

3. Contact Postal Address: Telephone:

4. Bank Details: Bank Name

Bank A/C No..... Branch:

5. Date of termination of employment

6. Date of cessation of contributions, if different from 5

7. Previous Sponsors/employers served as a Contributor, if any:

SPONSOR/EMPLOYER	FROM		TO	
	MONTH	YEAR	MONTH	YEAR

Signature of Applicant: Date

PART II: (To be filled by Sponsor/Employer)

8. Reason for closure of Account:

9. Declaration: I,, do confirm that the information given above is correct to the best of my knowledge.

Signature:Designation:

Date OFFICIAL STAMP

NOTES:

1. The reasons for closure should be fully stated for the Board to determine under which Section of the Act refund is due.
2. Attach a copy of the letter supporting the reason for closure.
3. Attach a copy of ID Card (Both sides).
4. Attach a copy of the Bank Card confirming the Account Details; Bank, Branch and Account Number. Please note the payment will be done through Bank Transfer (EFT) only.
5. Attach a copy of KRA PIN Certificate.
6. Data Capture Sheet / Last pay certificate

Consent Statement

I consent to the collection, processing, and secure storage of my personal information by LAPFUND for legitimate purposes.