



LAPF/1

FOR OFFICIAL USE

PO.BOX 79592-00200, NAIROBI  
ADMISSION FORM

LAPF NO: \_\_\_\_\_  
ENTRY DATE: \_\_\_\_\_  
INITIALS : \_\_\_\_\_

**A. (TO BE FILLED BY EMPLOYEE)**

1. Sponsor / Employer: \_\_\_\_\_

2. Name of Contributor: \_\_\_\_\_

3. Identification Card No.: \_\_\_\_\_ 4. Date of Birth: \_\_\_\_\_

5. Gender: MALE  FEMALE  6. Mobile No \_\_\_\_\_

7. Permanent Postal Address: \_\_\_\_\_ 8. KRA Pin No.: \_\_\_\_\_

9. E-mail: \_\_\_\_\_ 10. Payroll No.: \_\_\_\_\_

11. Date of Commencement of Contributions: \_\_\_\_\_

12. Type of Contributions (tick): NORMAL:  VOLUNTARY:  GRATUITY:

13. If previously Contributing to LAPFUND/ other SCHEME, state:

Name of the previous Sponsor/Employer/SCHEME: \_\_\_\_\_

Period \_\_\_\_\_ Member No.: \_\_\_\_\_

*Attach documents where applicable*

14. Beneficiaries

No.	Names as they appear in the National ID / Birth Certificate	National ID No. / Birth Cert No.	Relationship to member	Mobile No. where Applicable	Allocation (%)
1					
2					
3					
4					
5					

I understand and consent that my data be used to admit me as a member of LAPFUND and any other member related services

SIGNATURE OF APPLICANT: \_\_\_\_\_ Date: \_\_\_\_\_



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**B. (TO BE FILLED BY SPONSOR/EMPLOYER)**

*I certify that the above particulars are correct.*

**OFFICIAL STAMP**

Name: \_\_\_\_\_

Designation: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_

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

*A copy of the Contributor's Identity Card - (both sides)*

*A copy of the Identity Card of the beneficiary where applicable- (both sides)*

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**C. (TO BE FILLED BY LAPFUND RECRUITING OFFICER )**

Name: \_\_\_\_\_

Designation: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_