



FOR OFFICIAL USE

LAPFUND MEMBER DETAILS UPDATE FORM

LAPF NO: _____
ENTRY DATE: _____
UPDATED BY INITIALS: _____

Name of Sponsor: _____

Name of Member as per National ID: _____

National Identification Card No. (ID): _____

Date of Birth: _____ KRA Pin No.: _____

Date of Joining Scheme: _____

Permanent Postal Address: _____

Mobile No.: _____ E-mail Address: _____

Nominated Beneficiary (ies): I hereby wish to either; (tick as appropriate)

(a) Add the following to my existing beneficiary (ies);

(b) Replace my existing beneficiary (ies) with the following;

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					
6					
7					
8					

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: _____

This form is an appendix to the form LAPF/1 and should be duly filled and forwarded to LAPFUND