



VOLUNTARY APPLICATION FORM

Human Resource Manager / Establishment Officer	
Name of the Institution	
Address	

Dear Sir / Madam

<p>RE: AUTHORITY TO DEDUCT KSHS..... FROM MY SALARY</p> <p>I,, hereby authorize you to deduct from my salary KSHS..... (in words.....)</p> <p>..... every month and promptly pay to Local Authorities Provident Fund of P. O. Box 79592 – 00200 Nairobi. The deductions should be effected from the month of Year</p> <p>And should continue during my employment unless I advise otherwise</p>

Yours Faithfully

Name: _____

Identification Card No.: _____ Mobile No: _____

<p>I understand and consent that my data be used to admit me as a member of LAPFUND and any other member related services</p>
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SIGNATURE OF APPLICANT: _____ Date: _____

Name: _____

OFFICIAL STAMP

Designation: _____

Signature: _____

Date: _____

NOTE: Please attach photocopy of National Identification Card / Passport