

1. PERSONAL DETAILS

Name of Member	
Date of Birth	
ID No.	
KRA Pin No.	
Email Address	
Telephone No.	

2. CONTRIBUTIONS (TICK ✓)

Mode of Payment	<input type="checkbox"/> Salary Deduction <input type="checkbox"/> Standing Order <input type="checkbox"/> Cheques <input type="checkbox"/> Direct debit <input type="checkbox"/> MPESA
Period (YEARS)	A 3Years <input type="text"/> B: _____ Years
Contribution Frequency	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Half-Year <input type="checkbox"/> Annually
Amount (Kshs)	

3. GROUP LIFE ASSURANCE/PERSONAL ACCIDENT COVER YES ☐ NO ☐

No.	Name	Relationship (Wife, Husband, Daughter, Son, Mother, Father)	ID Number/Birth Certificate Number	Year of birth
1.				
2.				
3.				
4.				
5.				
6.				
7.				

4. NOMINATION OF BENEFICIARIES

No	Name	ID/ Birth Certificate Number	Relationship	Address (Physical)	Proportion of Benefit %
1.					
2.					
3.					

5. SIGNATURE AND DECLARATION

I hereby declare that the particulars provided above are true to the best of my knowledge and agree to abide by the rules and regulations of the Fund.

Applicant's Signature.....

Date.....

6. BANK ACCOUNT DETAILS

DEPOSIT YOUR CONTRIBUTIONS INTO THE BANK ACCOUNT BELOW

ACCOUNT NAME	ACCOUNT NO.	BANK NAME	BANK BRANCH
Local Authorities Provident Fund	1114898767	KCB	GATEWAY

BRANCH CODE	BANK SWIFT CODE	ACCOUNT CURRENCY
01204	KCBLKENX	Kes

For M-pesa PayBill

PAYBILL BUSINESS NO	PAYBILL ACCOUNT NO
754488	Member's National Identity /Passport number

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: _____

B. (TO BE FILLED BY EMPLOYER) (If check – off)

OFFICIAL STAMP

I certify that the above particulars are correct.

Name: _____

Designation: _____

Signature: _____

Date: _____

N.B: Every application must be accompanied with contributor's identity and beneficiary(ies) cards where applicable.