

IMARISHA ADMISSION FORM

IMARISHA/1-A

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. | | | | |

1. NOMINATION OF BENEFICIARIES

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

2. 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 | BANK | ACCOUNT NO | BRANCH | BRANCH CODE |
|-------------------------|-------------|------------|-----------------|-------------|
| LAPFUND AMAL Collection | KCB | 1239065043 | Kimathi | 01255 |
| LAPFUND AMAL | Gulf Africa | 0350006401 | Kenyatta Avenue | 72004 |

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: -

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

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