



## **IMARISHA MAISHA FORM**

## 1. PERSONAL DETAILS

Name of Member							
Date of Birth							
ID No.							
KRA Pin No.							
Email Address							
Telephone No.							
2. CONTRIBUTIONS (TICK √)							
Mode of Payment	☐ Salary  Deductio			eques $\square$ Dire			
Period (YEARS)	A 3Years B:Years						
Contribution Frequency	$\square$ Monthly $\square$ Quarterly $\square$ Half-Year $\square$ Annually						
Amount (Kshs)							
3. GROUP LIFE ASSURANCE/PERSONAL ACCIDENT COVER YES NO							
	E ASSURANCE						
3. GROUP LIF	E ASSURANCE	PERSONAL A Relationship Husband, Son, Mother,	(Wife, II Daughter, N Father) Co	umber/Birth ertificate	NO Year of birth		
	E ASSURANCE	Relationship Husband,	(Wife, II Daughter, N Father) Co	) umber/Birth			
No. Name	E ASSURANCE	Relationship Husband,	(Wife, II Daughter, N Father) Co	umber/Birth ertificate			
No. Name  1.	E ASSURANCE	Relationship Husband,	(Wife, II Daughter, N Father) Co	umber/Birth ertificate			
No. Name  1. 2.	E ASSURANCE	Relationship Husband,	(Wife, II Daughter, N Father) Co	umber/Birth ertificate			
No. Name  1. 2. 3.	E ASSURANCE	Relationship Husband,	(Wife, II Daughter, N Father) Co	umber/Birth ertificate			
No. Name  1. 2. 3. 4.	E ASSURANCE	Relationship Husband,	(Wife, II Daughter, N Father) Co	umber/Birth ertificate			
No. Name  1. 2. 3. 4. 5.	E ASSURANCE	Relationship Husband,	(Wife, II Daughter, N Father) Co	umber/Birth ertificate			
No. Name  1. 2. 3. 4. 5. 6.		Relationship Husband, Son, Mother,	(Wife, II Daughter, N Father) Co	umber/Birth ertificate			
No. Name  1. 2. 3. 4. 5. 6. 7. 4. NOMINATI	ION OF BENEF	Relationship Husband, Son, Mother,	(Wife, II Daughter, N Father) Co	umber/Birth ertificate umber			
No. Name  1.   2.   3.   4.   5.   6.   7.    4. NOMINATIONAME OF THE	ION OF BENEF	Relationship Husband, Son, Mother,  ICIARIES ID NO. (Where	(Wife, II Daughter, N Father) Co	umber/Birth ertificate umber	Year of birth  PROPORTION		



## **IMARISHA MAISHA FORM**

IMARISHA/1

## 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		КСВ	GATEWAY				
BRANCH CODE	BAN	NK SWIFT CODE	ACCOUNT CURRENCY				
01204	KCBLKENX		Kes				
	For M	pesa PayBill					
PAYBILL BUSINESS NO PA	YBILL ACCOUNT	NO					
754488 Me							
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:							
Cionalessa							
Date:							
N.B:							
Firems application must be	accompanied wit	h•					

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)