

LAPF/1 ~ M_UP

FOR OFFICIAL USE

LAPFUND MEMBER DETAILS UPDATE FORM				LAPF NO:	LAPF NO:	
				ENTRY DATE:		
				UPDATED BY	INITIALS:	
Nam	e of Sponsor:					
Nam	e of Member as per National	ID:				_
Natic	onal Identification Card No. (II)):				_
Date	of Birth:	KRA P	'in No.:			_
Date	of Joining Scheme:					
Perm	anent Postal Address:					-
Mob	ile No.:	I	E-mail Address:		^	
Nom	inated Beneficiary (ies): I hereb	y 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				11		
2						
3						
4						
5						
6						
7						
8						
9 10						
10						

SIGNATURE OF APPLICANT: _____ Date: _____

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

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