

**COLORED  
PASSPORT  
PHOTOGRAPHS**

(Please attach 2)

**APPLICATION/F001/04**

**IPP MEMBERSHIP APPLICATION FORM (M-pension)**

6<sup>th</sup> Floor, CPF House, P. O. Box 28938-00200, Nairobi  
Tel: 020-2248408/ 2222016/ 2252744/ 2046901-5  
Website: [www.cpf.or.ke](http://www.cpf.or.ke) E-mail: [info@cpf.or.ke](mailto:info@cpf.or.ke)



**SECTION A: APPLICANT'S PERSONAL INFORMATION**

Full Name: \_\_\_\_\_ Male  Female

Date of Birth: \_\_\_\_\_ Marital Status: \_\_\_\_\_  
(DD/MM/YYYY) (Single/Married/Divorced/Separated/Widowed)

Expected Retirement Date: \_\_\_\_\_ ID Number: \_\_\_\_\_ Date of 1<sup>st</sup> Contribution: \_\_\_\_\_

Amount: \_\_\_\_\_ In words: *Kenya Shillings* \_\_\_\_\_

Mobile No: \_\_\_\_\_ Email Address: \_\_\_\_\_

Postal Address: \_\_\_\_\_ Code: \_\_\_\_\_ Town: \_\_\_\_\_

**SECTION B :MODE OF PAYMENT**

**Frequency of Payment:** Daily  Weekly  Monthly

Quarterly  Bi-Annual  Annual

**Mode of Payment:** Cheque  Direct Debit  Standing Order

Check-Off  M-PESA/Airtel Money

For Check-Off Mode please specify Employer: \_\_\_\_\_ Employer Stamp: \_\_\_\_\_

**SECTION C: NEXT OF KIN'S INFORMATION (MUST BE ABOVE 18 YEARS)**

Full Name: \_\_\_\_\_

Mobile Number: \_\_\_\_\_ Relationship: \_\_\_\_\_  
(To the Applicant)

**SECTION D: DECLARATION**

I certify that the above information is true and correct in every respect to the best of my knowledge. I hereby consent to remit my contributions on or before the agreed due dates as required by the Retirement Benefits Act & Regulations.

Signature of Member: \_\_\_\_\_ Date: \_\_\_\_\_

Agent Name & Code: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION E: FOR OFFICIAL USE ONLY**

Admitted by: _____	Date Processed: _____
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**APPLICANT NOTE:**

✓ Please attach copy of National ID/Passport & passport photo with the Form.