

**COLORED
PASSPORT
PHOTOGRAPHS**

(Please attach 2)

**APPLICATION/F001/03
LAPTRUST "SALIH" (UMBRELLA) RETIREMENT FUND
MEMBERSHIP APPLICATION FORM**

6th Floor, Laptrust House, P. O. Box 28938-00200, Nairobi
Tel: 020-2248408/ 2222016/ 2252744/ 2046901-5
Website: www.cpf.or.ke E-mail: info@cpf.or.ke



**LAP
TRUST**
Fulfilling Lives

SECTION A: APPLICANT'S PERSONAL INFORMATION

Full Name: _____ Male Female

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

Employer: _____ Date of Employment: _____

ID Number: _____ Payroll Number: _____ Department/Station: _____

Mobile No: _____ Email Address: _____

Postal Address: _____ Code: _____ Town: _____

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

Full Name: _____

Mobile Number: _____ Relationship: _____
(To the Applicant)

SECTION C: DECLARATION

I certify that the above information is true and correct in every respect to the best of my knowledge.
I hereby give consent to the Employer to make monthly deductions from my salary as required by the Regulations of Laptrust and remit the same on due dates. I agree to be bound by Laptrust Rules & Regulations for DC "Salih" Scheme .

Signature: _____ Date: _____

APPLICANT NOTE: Please attach copy of National ID/passport with the Form:

SECTION D: EMPLOYER CONFIRMATION

The information provided herein is correct and accurate in accordance with our records.

Signature of Authorized Official: _____ Date: _____

Designation: _____ Official Stamp: _____

SECTION E: FOR OFFICIAL USE ONLY

Recruited By (Name):	Certified By (Name):
Employer Code Number:	Copy of ID Attached (tick): Yes <input type="checkbox"/> No <input type="checkbox"/>
Comments:	
Admitted by (Name):	Date Processed: