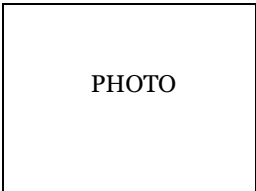


KENINDIA UMBRELLA PROVIDENT FUND APPLICATION FORM



Please complete this form in BLOCK CAPITALS and tick boxes where applicable.

I hereby apply for admission to the Scheme on the standard terms and conditions as contained in the Trust Deed & Rules of Kenindia Umbrella Provident Fund. I further confirm that statements contained herein are true and complete to the best of my knowledge and belief.

AGENT/AGENCY/BROKER

Name Code

SECTION 1: PERSONAL DETAILS

Title: Mr/Mrs/Miss/Ms
Surname:
Middle Name:
First Name:
Gender:
Date of Birth:
Passport/ID No. (Please attach)
KRA PIN No.(Please attach)
Marital Status:
Employer's name

SECTION 2: CONTACT DETAILS

Postal Address:
Postal Code:
Town:
Email Address:
Mobile:

SECTION 3: CONTACT PERSON DETAILS

(next of Kin)

Full Name:
Postal Address:
Postal Code:
Town:
Email Address:
Mobile:

SECTION 4: RATES OF CONTRIBUTION

Percentage of pensionable earnings for contribution

Employer

Employee

SECTION 5: BANK DETAILS

Bank Name: Branch:

Account Name:

Account Number:

SECTION 6: DECLARATION

I confirm that this application form shall form the basis of the contract between us and Kenindia Assurance Company Limited.

Employee's Signature: Date:

Employer's Signature: Position:

This employee is to be included in the Scheme from Date:

FOR OFFICIAL USE

SECTION 7: DOCUMENTS REQUIRED

- 1. Copy of ID/Passport
- 2. KRA PIN
- 3. Passport Photo
- 4. Bank Details

I confirm that the above documents have been attached.

Administrator: Signature: Date:

Compliance Officer:.....Signature:Date:

NOMINATION OF BENEFICIARY FORM

Member Name:

To the Trustees,

I wish to consider the persons listed hereunder as possible recipients of all my benefits payable under the scheme upon my demise in the proportion shown. I understand that the Trustees of benefits under the Scheme have final discretion to decide who should receive benefits under the Scheme, but I request the Trustees to act according to my nomination.

PARTICULARS OF NOMINEES

1.	Full Names	<input style="width: 720px; height: 15px;" type="text"/>		
	Date of Birth	<input style="width: 240px; height: 15px;" type="text"/>	National ID No. /Passport	<input style="width: 240px; height: 15px;" type="text"/>
	Mobile No.	<input style="width: 280px; height: 15px;" type="text"/>	Postal Address	<input style="width: 280px; height: 15px;" type="text"/>
	Relationship	<input style="width: 220px; height: 15px;" type="text"/>	Proportion of Benefits (%)	<input style="width: 160px; height: 15px;" type="text"/>

2.	Full Names	<input style="width: 720px; height: 15px;" type="text"/>		
	Date of Birth	<input style="width: 240px; height: 15px;" type="text"/>	National ID No. /Passport	<input style="width: 240px; height: 15px;" type="text"/>
	Mobile No.	<input style="width: 280px; height: 15px;" type="text"/>	Postal Address	<input style="width: 280px; height: 15px;" type="text"/>
	Relationship	<input style="width: 220px; height: 15px;" type="text"/>	Proportion of Benefits (%)	<input style="width: 160px; height: 15px;" type="text"/>

3.	Full Names	<input style="width: 720px; height: 15px;" type="text"/>		
	Date of Birth	<input style="width: 240px; height: 15px;" type="text"/>	National ID No. /Passport	<input style="width: 240px; height: 15px;" type="text"/>
	Mobile No.	<input style="width: 280px; height: 15px;" type="text"/>	Postal Address	<input style="width: 280px; height: 15px;" type="text"/>
	Relationship	<input style="width: 220px; height: 15px;" type="text"/>	Proportion of Benefits (%)	<input style="width: 160px; height: 15px;" type="text"/>

4.	Full Names	<input style="width: 720px; height: 15px;" type="text"/>		
	Date of Birth	<input style="width: 240px; height: 15px;" type="text"/>	National ID No. /Passport	<input style="width: 240px; height: 15px;" type="text"/>
	Mobile No.	<input style="width: 280px; height: 15px;" type="text"/>	Postal Address	<input style="width: 280px; height: 15px;" type="text"/>
	Relationship	<input style="width: 220px; height: 15px;" type="text"/>	Proportion of Benefits (%)	<input style="width: 160px; height: 15px;" type="text"/>

(Continue overleaf if necessary)

(Note: - Unless indicated otherwise above, if more than one person is nominated any benefits accruing will be divided amongst the persons nominated in equal shares.)

I understand that if the person nominated is under the age of 18 years at the time of my death, any benefits becoming payable may have to be paid to the Trustees of the scheme to be held in Trust for such dependant and distributed as he shall think fit.

SECTION 8: DECLARATION

This nomination cancels and supersedes any previous nominations.

Signed:

Date:



KENINDIA