

**KIBABII UNIVERSITY STAFF PENSION SCHEME
NEW MEMBERS ENROLLMENT FORM**



I Mr/Mrs/Miss: _____(Full names) hereby apply for Membership of the above Scheme from the__day of_____20____as the Date. I further agree to be bound by the Trust Deed and Rules of the Staff Pension Scheme.

Staff Number		Date Joined	
Gender (M / F)		Passport/I.D.	
Date of Birth		NSSF Number	
Date Joined Employment		Cell Phone Number	
Postal Address			
Email Address			

DEPENDANTS:

Name of Spouse_____

Names of Children:	Son/Daughter	Dates of Birth
1
2
3
4
5
6

***Note: attach copies of marriage certificates and birth certificates**

NEXT OF KIN: _____
(If not married, give name of nearest living relative)

I certify that the above information is correct. **Member's Signature:** _____ **Date:** _____

IMPORTANT NOTE:

You must complete a Nomination of Beneficiary form, nominating the person or persons to whom benefits should be paid in the event of your death while still in employment with Kibabii University.

For Official Use – Confirmed by:

I confirm that to the best of my knowledge the information provided

Employer's Stamp	Authorised Signature:	
	Name:	
	Designation:	
	Date:	