



UNIVERSITY OF NAIROBI PENSION SCHEME 2007

(Confidential)

Please complete SECTIONS 1 and 2 of this form and return the same to the Scheme Administrator.

*Affix Recent Coloured
Passport Size Photograph*

1. PERSONAL DETAILS

Payroll Number _____

Date of employment: _____ Date of joining the Scheme : _____

Surname: _____ Other Names in Full: _____

Department: _____ (attach copy of appointment letter)

PIN No.: _____ (attach copy of PIN) National ID No.: _____ (attach copy of I/D)

Date of Birth: _____ (attach copy of birth certificate)

Postal Address: _____ Tel. No./Fax: _____

Physical Home Address: _____ E-mail Address: _____

2. MEMBER'S DEPENDANT (S)

Full Names	ID No.	Relationship to Member	Postal Address	Telephone Number	Fax. No.	E-mail Address

(A separate sheet may be attached if the space herein is not sufficient)

3. TO BE COMPLETED BY COLLEGE REGISTRAR/ADMINISTRATION REGISTRAR

I confirm that (full names)_____ PF No._____ is an

Eligible employee in accordance with the University of Nairobi Pension scheme rules:

Designation:_____

Department:_____.Faculty:_____.College:_____

Salary Entry Point:_____.

Date of Entry into permanent and pensionable terms_____

Signed:_____

(Please affix the official office rubber stamp). (SEE OVERLEAF)

4. TO BE COMPLETED BY THE SCHEME ADMINISTRATOR

Received by (Names in Full):_____

Designation:_____

Date received:_____

Date of entry into the Scheme:_____

Member Scheme Number_____

Signed:_____ Date:_____

SCHEME ADMINISTRATOR:_____