

### SECTION 1: EMPLOYER'S DETAILS

Name of Organisation:

Employer PIN No.:  Business LR Number:

Telephone No. (Landline):  Telephone No. (Mobile):

Email Address 1:  Email Address 2:

### ORGANISATION'S ADDRESS

P.O. Box:

Postal Code:

City:

Town/County:

### SECTION 2: SCHEME DETAILS

RBA Registration Number:  KRA PIN Number:

### PLAN DETAILS

Commencement Date: 

D	D	M	M	Y	Y	Y	Y
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Retirement age: Early:  Normal:

Contribution rate: Employee:  % Employer:  %

Scheme design: Pension:  Provident:

#### Contribution Payment Frequency

Monthly:  Quarterly:

Annually:  Transfer:

#### Mode of contribution payment:

Cheque:  EFT/RTGS:

### OTHER BENEFITS

Group Life Cover:  \* Plan Salary

Last Expense Cover:  \* Per Member

### SECTION 3: INVESTMENTS

Are there any existing insurance company assets (guaranteed fund assets) being transferred to the Umbrella Scheme? Yes:  No:

Name of Insurance Company:

Asset Value in KShs:

Attach a copy of the transfer schedule.

### SECTION 4: AUTHORISED SIGNATORIES

The following persons are the authorised signatories of the participating employer. Enclose certified copies of the identity documents of these individuals for purposes of compliance and diligence.

Full Name:

Designation:

E-mail:

Telephone:

Specimen Signature: \_\_\_\_\_

Full Name:

Designation:

E-mail:

Telephone:

Specimen Signature: \_\_\_\_\_

### SECTION 5: DECLARATION

On behalf of \_\_\_\_\_, (the Participating Employer), I do hereby certify that the information given above is accurate. Employees have been informed of the eligibility requirements, contributions that will be paid and benefits to be provided according to the rules of the scheme.

Authorised Signatory: \_\_\_\_\_

Designation:

Date: 

D	D	M	M	Y	Y	Y	Y
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Employer's Stamp

### SECTION 6: INTERMEDIARY'S DETAILS

Intermediary's Name:

Signature: \_\_\_\_\_

Date: 

D	D	M		Y	Y	Y	Y
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### SECTION 7: FOR OFFICIAL USE

Clients' details received and verified by:

Name:

Signature: \_\_\_\_\_

Date: 

D	D	M		Y	Y	Y	Y
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