

PSSS.1

MEMBER ENROLMENT FORM

PART A: PARTICULARS OF CONTRIBUTOR/MEMBER

Name of Employer:

Full name of Member:

Personal/Employment No: Date of Employment:

Date of birth: ID/Passport No:

KRA PIN:

Mobile No: Email Address:

Postal Address..... Code..... Town.....

SECTION B: DECLARATION

I certify that the above information is true and correct in every respect to the best of my knowledge. I agree to be bound by the Public Service Superannuation Scheme Act, related laws, Rules and Regulations

Name:

Signature: Date:

APPLICANT NOTE: Please attach copy of National ID/Passport

SECTION C: 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

Received by (Name):	Verified by (Name):
Copy of ID/Passport Attached	
Date Received:	

