



MWAVULI INDIVIDUAL PENSION PLAN APPLICATION FORM

Please Complete In **BLOCK** Letters

1. PERSONAL INFORMATION

Title Mr Ms Mrs Other (Specify)

Surname

Middle Name

First Name

Date of Birth Gender: Female Male

ID No / Passport No. PIN No.

2. CONTACT DETAILS

PHYSICAL ADDRESS

POSTAL ADDRESS P. O. Box Code

TELEPHONE No. Home Mobile

TOWN / CITY Email

3. EMPLOYMENT INFORMATION

Employment Status: Employed Self Employed Unemployed Other

If employed, please state the information below:

Current Occupation	<input type="text"/>
Employer's Name	<input type="text"/>
Employer's Address	<input type="text"/>

4. CONTRIBUTIONS (TICK MARK WITH \checkmark)

Initial Contribution (Amount in figures)

Mode of Payment: Salary Deduction Bank Orders Cheques Direct Debit M-Pesa

Transfer from another Scheme Other (Specify)

Will you be making regular contributions? Yes No

If Yes, choose frequency: Monthly Quarterly Semi-Annually Annually

5. SOURCES OF FUNDS

Employment Income Business Investment/Savings Loan
 Inheritance Gift Transfer from another Scheme

Others, Specify _____

6. BANK ACCOUNT DETAILS

DEPOSIT YOUR CONTRIBUTIONS INTO THE BANK ACCOUNT BELOW

ACCOUNT NAME:	BANK	BANK BRANCH
MWAVULI INDIVIDUAL PENSION PLAN	NCBA BANK KENYA PLC	NCBA HOUSE
ACCOUNT NUMBER	BANK CODE	SWIFT ADDRESS
2154870021	102	CBAFKENX
M-PESA PAYBILL NUMBER	880100.	ACCOUNT NUMBER
		2154870021

7. BENEFICIARY NOMINATION FORM

I, (Full name of the Member) hereby authorise the Trustee of **MWAVULI INDIVIDUAL RETIREMENT BENEFITS SCHEME** to pay the following nominated persons all the benefits accruing on my death under the Trust Deed and Rules of the Scheme in the proportion(s) indicated against the name of each beneficiary.

NAME OF THE BENEFICIARY	DATE OF BIRTH	RELATIONSHIP TO MEMBER	ID NUMBER	%	POSTAL OR MAILING ADDRESS)	TELEPHONE/ MOBILE

I, the undersigned, recognize that those persons shown above as beneficiaries may change. I undertake to advise the Trustee of the Scheme when any change should be made regarding my nominated beneficiaries I further understand that this nomination nullifies any previous nominations completed and submitted to the Trustee.

Signature of Member Signature of Witness

Date

Signature of Member Signature of Witness

Date

If more than one person is nominated and proportions are not indicated, any benefits accruing will be divided amongst the persons nominated in equal.

8. CONFIDENTIALITY AND DATA PROTECTION

Mwavuli will treat all your personal information as private and confidential even when you are no longer a customer. Nothing about your accounts nor your name and address will be disclosed to anyone except to the following classes of people or in the following exceptional circumstances:

1. To Mwavuli Administrators Limited and any other member of the permitted parties in any jurisdiction; and
2. Where Mwavuli is legally compelled to do so under any Kenyan or any foreign laws as may be applicable from time to time (including without limitation, the United States' Foreign Account Tax Compliance Act (FATCA) or any such similar law in any relevant jurisdiction, any anti-money laundering legislation and any data protection legislation).

9. EMAIL AND TELEPHONE INDEMNITY

Notwithstanding the fact that Mwavuli is not obliged to accept and act on any instructions that come from me through my email address or telephone number, I authorize Mwavuli to act on instructions transmitted via my e-mail address, and telephone number I hereby declare that Mwavuli will not be liable for any loss (consequential or otherwise) incurred by me as a result of Mwavuli acting or declining to act (wholly or in part) on instructions which Mwavuli believes to have been given in conformity with the above, whether or not such instructions have been so given. The fact that any instruction may later be shown to be in any way false, incomplete, inaccurate, delayed, erroneous, unauthorized or otherwise not authentic, should not be an impediment to the rights of Mwavuli

Signed this day of _____ in the year Signature of Applicant : _____

10. SIGNATURE AND DECLARATION

I hereby declare that the particulars provided above are true to the best of my knowledge and agree to abide by the rule and regulations of the Fund.

Applicant's Signature..... Date.....

Name.....

FOR OFFICIAL USE ONLY

Date Received:

Certified By:

Introduced By:

Copy of ID & PIN attached Y..... N.....

Signature:

11. DOCUMENT REQUIRED - FOR OFFICIAL USE

DOCUMENT	STATUS
Copy of ID or Passport No.	
Copy of PIN No.	