



REGISTRATION FORM FOR STAFF ON CONTRACT

Please complete **SECTIONS** of this form and return the same to the Scheme Office Administrator.

SECTION A: PERSONAL DETAILS

Surname: _____ Other Names in Full: _____

Payroll Number _____

Date of employment: _____ (attach copy of appointment letter)

Date of joining the Scheme: _____ Directorate/Department: _____

KRA PIN No.: _____ (attach copy of PIN) National ID No.: _____ (attach copy of ID)

Date of Birth: _____

Postal Address: _____ Tel. No: _____

Physical Address: _____ E-mail Address: _____

Name of Employer _____

SECTION B: MEMBER'S BENEFICIARY(IES)

Full Names	I.D No	Age	Relationship to Member	Telephone Number	Email Address

Independent Electoral and Boundaries Commission Staff Pension Scheme

To provide members with dignified financial security and stability in retirement



SECTION C: EMPLOYMENT STATUS

Contract Start Date: ____/____/____ Contract End Date: ____/____/____

Designation: _____ Directorate/Department: _____

Payroll/Employee No. (if any): _____

SECTION D: CONTRIBUTION DETAILS

Employer Monthly Contribution (%) (if any): _____

Member's Monthly Additional Voluntary Contribution (AVC): _____

Post Retirement Medical Fund (PRMF) Contribution: _____

Contribution Commencement Date: ____/____/____

SECTION E: DECLARATION BY MEMBER

I hereby apply to join the IEBC Staff Pension Scheme as a Contract Staff Member and confirm that the information provided is true and correct. I agree to be bound by the Trust Deed and Rules of the Scheme and any amendments made from time to time.

Member Signature: _____ Date: ____/____/____

SECTION F: SPONSOR / EMPLOYER CONFIRMATION

It is hereby confirmed that the information contained herein is true and accurate, and that Mr./Mrs./Ms. _____ is a Contract Staff Member of the Independent Electoral and Boundaries Commission (IEBC)/Office of the Registrar of Political Parties (ORPP) and is eligible to join the IEBC Staff Pension Scheme with effect from _____.

Name: _____ Designation: _____

Signature: _____ Stamp: _____