



For ARBS use only

Association of Retirement Benefits Schemes

Membership Application and Details Form

To: The Council
Association of Retirement Benefits Schemes
Kingsland Court
Migori Road, Kileleshwa
PO Box 10285-00100
Nairobi

I/We apply for Membership of the Association of Retirement Benefits Schemes and give below the details:

Full name of Member: (Note 1)

Type of Membership: (Delete as applicable) Nominated Person (Note 2)

Address of Member: (Physical and Postal)

Other Details: (Note 4)

Section A (to be completed by applicants who are Schemes or Sponsors)
Number of Scheme Members:
Value of Scheme Fund: Kshs.....
Type of Scheme: DB/DC Pension/DC Provident

Section B (to be completed by applicants who are not Schemes or Sponsors)
Please state the nature of your business:
.....
.....
.....

Authorised Signature of Applicant Date

Notes on completion of Membership Application and Details Form:

1. Please state the full name of the registered member.
2. The Nominated Person is the person to whom all correspondence from the Association should be addressed (normally the person who has the greatest involvement in matters related to retirement benefits schemes). It would be helpful if you would provide the name and job title of the Nominated Person and attach a business card. Please also advise us in writing each time there is to be a change in the Nominated Person.
3. The details requested in Section A are required to enable us to build as complete a picture as possible of the Schemes represented in our Membership.
4. The details requested in Section B are required to enable us to assess the scope of our Membership, outside of Schemes and Sponsors.

Please forward your completed application form to the Executive Secretariat at the address show above, together with a cheque for Kshs 10,000/= (covering: the registration fee – Kshs2,500.00 and first year's membership subscription – Kshs7,500.00) (if joining after 1 July pay registration fee plus ½ membership subscription)