

PHOTO

Employer No.											
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Employee No.											
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**NSSF Employer & Employee Numbers**

P. O. BOX 30599 – 00100, NAIROBI

TEL.No: 020 2729911, 2710552

E-mail mt@nssfkenya.co.ke; info@nssfkenya.co.ke

**APPLICATION FORM FOR MEMBER REGISTRATION (REVISED 2015)**

Please complete this form accurately and attach a copy of ID Card/Passport/Alien card:

Fields Marked \*are Mandatory

Tick as appropriate

Employee

Voluntary

**PART A**

**PERSONAL DETAILS**

\*Surname:  \*First Name:

\*Middle Name:  \*Nationality:

\*ID/PP/Alien No

Date of Reg:  Issued By:

\*Date of Birth: 

D	D	M	M	Y	Y	Y	Y
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 Payroll No:

\*KRA PIN

**FOR EMPLOYED APPLICANTS**

\*Place of Employment:

\*Postal Address:

Postal Code:

\*Date of Employment: 

D	D	M	M	Y	Y	Y	Y
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 \*Gender: 

Male		Female	
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**\*HOME DETAILS (Insert as per ID)**

County:  District:

District of Birth:  Location:

Sub location:

**RESIDENCE DETAILS:**

Name of Estate:  Floor & Room No:

Name of Building:  House No:

Street/Road:  E-Mail Address:

Telephone:  Mobile:

Postal Address 1   
Postal Code:

Postal Address 2   
Postal Code

**PART B**

**DETAILS OF NEXT OF KIN**

***PARENTS***

Father's Name   
ID Number

Mother's Name   
ID Number

***SPOUSES***

Spouse 1 Name   
ID Number

Spouse 2 Name   
ID Number

Spouse 3 Name   
ID Number

***CHILDREN***

Name   
ID/Birth Cert No

Name   
ID/Birth Cert No:

Name   
ID/Birth Cert No:

Name   
ID/Birth Cert No:

**Member Signature:** ..... **Date** .....

**Note: Please complete a separate application form in respect of any additional spouse and child.**

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**FOR OFFICIAL USE**

Received & Checked by:  Sign:  Date:

Authorized by:  Sign:  Date:

Data Entry by:  Sign:  Date:

Filed by:  Sign:  Date: