

# Institute of Pension Management Membership Application Form

To: Institute of Pension Management Crescent Business centre, 6th Floor PO Box 10034-00100; Nairobi

	or Members	ship to the Institute of Pension Ma	Management as per below details: Details of Member:				
(Note 1)	Full Nam	Full Name of Member:					
	Address:	Address:					
			Post code:				
Type of Mem	•						
(Tick as appl	licable)	Individual (Personal) ☐ Corporate ☐	Nominated Person				
Number of Tr	riistaas		Name:				
Number of 1.	Tusices	Founder nominees:					
		Member nominees:	Email:Cell phone:				
Other Details	S:						
Section	A (to be cor	mpleted by applicants who are Scher	emes or Sponsors)				
Number	of Scheme!	Members: Active: Pensioners	rs: Deferreds:Value of Scheme Fund: Kshs				
Type of S	Type of Scheme: DB/DC Pension/DC Provident RBA Registration Number:						
Section I	B (to be cor	mpleted by applicants who are not Sc	ochemes or Sponsors)				
Please st	tate the nati	ure of your business/organization:					



Authorized Signature of Applicant	Date	
For official use only		
IPM Member Number:		

## Notes on completion of Membership Application Form

- 1. Please state the full name of the registered member (scheme, sponsor etc) and physical and postal address
- 2. The Nominated Person is the person to whom all correspondence from the Institute should be addressed.
- 3. Please provide the name and position (e.g. Scheme Trustee/Trust Secretary/Corporate Affairs Manager) 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.
- 4. 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.
- 5. The details requested in Section B are required to enable us to assess the scope of our Membership, outside of Schemes and Sponsors.

### Membership and Annual Subscription Fees.

The registration/membership fee is payable upon joining together with subscription fees.

### **Annual Subscriptions.**

The Annual Subscriptions depends on the membership category.

Please forward your completed application form to the IPM Secretariat at the address show above, together with a Cheque (covering:the registration fee –and first year's membership subscription –) payable to Institute of Pension Management.



#### INDIVIDUAL MEMBERSHIP APPLICATION FORM

Institute of Pension Management Crescent Business centre, 6th Floor

PO Box 10034-00100

Nairobi

Website: www.ipm.or.ke Email: info@ipm.or.ke or membership@ipm.or.ke

PHOTO	O

Surname:
Other Names:
Postal Address:
Physical Address Tel: Tel:
Date of Birth:
2. Academic Record (Beginning with highest level) Attach copies of the academic certificates.
School/University
Major Field of Study`
Dates from-to
School/University
Major Ejold of Study
Major Field of Study
Dates from-to
School/University
Major Field of Study
Dates from-to
School/University
Major Field of Cheb.
Major Field of Study
Dates from-to
3. Work Experience (beginning with the present Employer)
Employer
Position
Period
Employer
Position
Period
Employer
Position
Desiral
(Please indicate membership category applied for below with a tick)

I wish this application for **Student/ Associate/ Full Membership** to be considered by the Membership committee of the Institute of Pension Management and I undertake to abide by the rules of the Institute, the IPM professional code of conduct. I understand that submission of this form and attached Payment of Kshs......is in no way binding to the Institute or its officers and that in the event of my application not proving successful my payment will be returned to me.

Once registered as a member of the institute I'm bound to pay my annual subscription unless I have been expelled from the Institute or have submitted my resignation in writing to the Membership committee before the annual subscription is due.



Date:	Signed:
Approved	Ü
Signature	Date
For Institute of Pension Management	

Please forward your completed application form to the IPM Secretariat at the address show above, together with a Cheque for amount (covering: the registration fee – and first year's membership subscription –) payable to Institute of Pension Management.