

**POSTAL CORPORATION OF KENYA  
STAFF RETIREMENT BENEFITS SCHEME  
ADDITIONAL VOLUNTARY CONTRIBUTION**



**PART A: MEMBER'S DETAILS**

1. Full Name \_\_\_\_\_
  2. Payroll Number (PF) \_\_\_\_\_
  3. Rank \_\_\_\_\_ Scale \_\_\_\_\_
  4. Current Monthly Pensionable Emoluments  
Kshs. \_\_\_\_\_
  5. Sex \_\_\_\_\_
  6. Marital Status (Married/Single) \_\_\_\_\_
  7. Contact Address and Telephone \_\_\_\_\_
  8. Date of Birth \_\_\_\_\_ Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_
  9. Date of Appointment \_\_\_\_\_ Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_
  10. National ID. No. \_\_\_\_\_  
(Attach Certified Copy)
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NHIF Building  
9<sup>th</sup> Floor  
1<sup>st</sup> Ngong Avenue  
P.O. Box 46621-00100  
Tel: 2737976

**PART B: MEMBER'S AUTHORIZATIONS**

I hereby declare that I would like to participate in the Additional Voluntary Contribution facility with effect from \_\_\_\_\_  
(Day \_\_\_\_\_ Month \_\_\_\_\_ Year)

I accordingly authorize my employer to effect monthly deductions at Kshs. \_\_\_\_\_ p.m. from my salary and remit the same to Postal Corporation of Kenya Staff Retirement Benefits Scheme and agree to be bound by the Rules Governing Additional Voluntary Contributions (AVC) as explained in member information leaflet.  
(Minimum Kshs.200/- and multiples of Kshs.200/-)

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Member

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Witness (Controlling Officer)

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**PART C: EMPLOYER CERTIFICATE**

Deductions effected with effect from (Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_)

Signed \_\_\_\_\_ Date \_\_\_\_\_

Full name of Officer Signing \_\_\_\_\_

Rank of the Officer Signing \_\_\_\_\_

Official Rubber Stamp of Postal Corporation of Kenya \_\_\_\_\_

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**PART D: FOR SECRETARIAT USE ONLY**

Checked by \_\_\_\_\_ Date \_\_\_\_\_

Data Captured by \_\_\_\_\_ Date \_\_\_\_\_

Verified by \_\_\_\_\_ Date \_\_\_\_\_