Kuza Asset Management Limited
Prism Tower-12th Floor, 3rd Ngong Avenue
P. O. Box 26180 00100
Nairobi Kenya
Tel: +254 705 666 444
Email: info@kuza.africa
Website: https://kuza.africa

RETIREMENT SOLUTIONS CHECK-OFF FORM

Please complete all fields in BLOCK LETTERS. Fields marked with * are mandatory.

1. PERSONAL DETAILS

1. 1 Employee Details*

Employee Name:* _____

Staff No/Payroll No:* _____ National ID No:* _____

Salary deduction to commence in the month of*: _____ Year*: _____

1.2 Employer's Details*

Employer's Name:* _____

State Dept. (Where Applicable, for **Government Ministries**):* _____

Postal Address*: _____ Postal Code*: _____ Town/City*: _____

2. DECLARATION

I hereby authorize that you deduct from my salary every month until notified otherwise in writing, the contribution shown below and remit to the fund managed by **Kuza Asset Management Ltd** as per the below bank details. I confirm that this form has been filled and completed without any alterations. I HEREBY CERTIFY that I have understood the meaning and effect of the above declaration and agree to be bound by it.

Signature*: _____ Date*: _____

EQUITY BANK (KENYA) LIMITED

Branch: Mombasa Road **Swift Code**: EQBLKENA **Currency**: KES **M-Pesa Paybill**: 247247

FUND NAME	BANK ACCOUNT NAME	ACCOUNT NUMBER	AMOUNT	KUZA MEMBER NUMBER
KUZA INDIVIDUAL PROVIDENT PLAN (IPP)	KUZA INDIVIDUAL PROVIDENT PLAN COLLECTION A/C	1080284541294		
KUZA POST-RETIREMENT MEDICAL FUND (PRMF)	KUZA INDIVIDUAL PROVIDENT PLAN COLLECTION A/C	1080284541294		

3. SPECIAL EMPLOYER AUTHORIZATION

Name of Employer*: _____

Authorizing Officer*: _____

Signature*: _____

Date*: _____

4. FOR OFFICIAL KUZA USE ONLY

Agent/FA Name*: _____ Agent/FA No.: _____ Sign: _____ Date: _____

Branch Staff Name*: _____ Designation: _____ Sign: _____ Date: _____