KenGen POST RETIREMENT MEDICAL FUND (PRMF)
Member Joining & Deduction Authority Form

Assistant Manager, Payroll
Kenya Electricity Generating Company PLC
P.O. BOX 47936
00100- Nairobi

Dear Sir

DEDUCTION AUTHORITY - KenGen POST RETIREMENT MEDICAL FUND

I hereby give the authority to deduct **(Kes)**------------------- from my monthly salary, every month and remit the same to the **KenGen Post Retirement Medical Fund** until further notice with effect from ------/----/20------- noting that the Minimum contribution is **Ksh. 2,000** per month.

Member personal information

Member Name---

Staff Number ----------------------------- ID Number--------------------------------------

Date of Birth ------------------------ Mobile number --

Member Declaration & Execution

I declare that the information given is true to the best of my knowledge.

Member's signature-------------------------------------- **Date**-----------------------------

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Member Nomination of Beneficiaries

Kindly use the Nomination of Beneficiaries form to nominate your beneficiaries into the fund
You may download the form from our website www.kengensrbs.co.ke

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1. Form Submission

Kindly return this form via email to payofficestaff@kengen.co.ke

Cc pensions@kengensrbs.co.ke

Data policy: The Scheme shall comply with the Data Protection Act, 2019 while processing personal data to comply with its internal policies and applicable laws. The Scheme's Privacy Notice is available on the Scheme's website www.kengensrbs.co.ke