



**APTAK**  
 Association of Pension Trustees and  
 Administrators of Kenya

12th Floor;  
 Pension Towers;  
 Loita Street  
 P.O. Box 26986-00100;  
 Nairobi; Kenya  
 Telephone: +254 757 770217; 020 2000511  
 Email: [admin@aptak.or.ke](mailto:admin@aptak.or.ke)  
 website: [www.aptak.or.ke](http://www.aptak.or.ke)

**FORM for Application of Membership.**

To: Association of Pension Trustees and Administrators of Kenya  
 Pension Towers: 12th Floor: Loita Street  
 P.O. Box 26986-00100  
**NAIROBI**

I/We apply for Membership to the Association of Pension Trustees and Administrators of Kenya as per the details given below:-

**Details of Applicant:**  
*(Note 1)*

<p>Full Name of Applicant:</p> <p>.....</p> <p>Physical Address:</p> <p>.....</p> <p>Postal Address:</p> <p>.....</p> <p>Telephone Number: .....</p> <p>Email Address:</p> <p>.....</p>
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Type of Membership:  
(Tick as applicable)

Individual (Personal)	<input type="checkbox"/>
Corporate / Organization	<input type="checkbox"/>

Number of Trustees:

Sponsor Nominees: .....	Member Nominees: .....
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(Note 2)

Contact Person (If Applicant is Corporate/ Organization)

Name: .....	
Email Address: .....	Telephone Contact: .....
Designation: .....	

Other Details:

(Note 3)

<b>Section A</b> (To be completed by applicants who are Schemes/Corporate Trustee or Sponsor)	
Number of Members of Scheme: Active: ..... Pensioners: .....Deferred: .....	
Value of Scheme Fund: Kshs.....	
Type of Scheme: DB <input type="checkbox"/>	DC Pension <input type="checkbox"/> DC Provident <input type="checkbox"/>
RBA Registration Number: .....	

**Section B** (to be completed by applicants who are Individual Persons).Please state the nature of your occupation:  
.....

Authorized Signature of Applicant: ..... Date: .....

**For official use only**

APTAK Member Number: .....

**Notes on completion of Membership Application Form**

1. Please state the full name of the Applicant (Scheme/Corporate Trustee/Corporate Administrator/Individual Person/Sponsor etc.); Physical and Postal Address.
2. The Contact Person is the person to whom all correspondence from the Association should be addressed.
3. State the Membership, type, design and registration status. Advise us in writing each time there is a change in the Contact Person, Registration Status or Name or other information that you consider useful for our records.

**Membership and Annual Subscription Fees****1. INDIVIDUAL MEMBERSHIP:**

- (a) Registration Fees (One-off): Kshs. 2,500.00.
- (b) Annual Subscription Fees: Kshs. 2,500.00.

**2. STUDENT MEMBERSHIP:**

- (a) Registration Fees (One-off): Kshs. 500.00.
- (b) Annual Subscription Fees: Kshs. 500.00.

**3. CORPORATE/ORGANIZATION MEMBERSHIP:**

- (a) Registration Fees (One-off): Kshs. 20,000.00.
- (b) Annual Subscription Fees: Kshs. 50,000.00.

**4. SCHEME MEMBERSHIP:**

- (a) Registration Fees (One-off): Kshs. 20,000.00.
- (b) Annual Subscription depended on the Fund Value of the Scheme as indicated in the table below:-

Item Number	Size of Scheme (KSH)	Amount payable per Year (KSH)
1	Above 1 Billion	100,000.00
2	750 Million to 1 Billion	75,000.00
3	500 Million to 750 Million	50,000.00
4	Below 500 Million	25,000.00

Kindly return your completed application form OR email the same to the APTAK Secretariat: [admin@aptak.or.ke](mailto:admin@aptak.or.ke). Payment may be made through a Banker's Cheque OR Bank Transfer OR Cash payable to the Association of Pension Trustees and Administrators of Kenya and depositing the same to any branch of the Bank giving the particulars set out below:-

**Bank Name:** Family Bank Limited.

**Bank Code:** 070 *(If you are paying by Bank Transfer).*

**Bank Branch:** CPF House; Haile Selassie Avenue.

**Branch Code:** 015 *(If you are paying by Bank Transfer).*

**Account Name:** Association of Pension Trustees and Administrators of Kenya.

**Account No:** 015000005008

**County Name:** NAIROBI

OR

**Safaricom Paybill Number:** 222111.

**Business Account Number:** 015000005008.