



Employer No.

Employee No.

NSSF Employer & Employee Numbers

NATIONAL SOCIAL SECURITY FUND

P. O. BOX 30599 – 00100, NAIROBI

TEL.No: 020 2729911, 2710552

E-mail mt@nssfkenya.co.ke; info@nssfkenya.co.ke

Insert PHOTO

APPLICATION FORM FOR MEMBER REGISTRATION

Please complete this form accurately and attach a copy of ID Card/Passport/Alien card:

Fields Marked *are Mandatory

Tick as appropriate

Employee

Voluntary

PART A

PERSONAL DETAILS

*Surname: *First Name:

*Middle Name: *Nationality:

*ID/PP/Alien No

Date of Reg: Issued By:

*Date of Birth:

D	D	M	M	Y	Y	Y	Y
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

 Payroll No:

*KRA PIN

FOR EMPLOYED APPLICANTS

*Place of Employment:

*Postal Address:

Postal Code:

*Date of Employment:

D	D	M	M	Y	Y	Y	Y
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

 *Gender: Male Female

***PHYSICAL ADDRESS (Insert as applicable)**

County: Town

Name of Village: Plot No:

Name of Market:

Name of Building: Floor & Room No:

Name of Estate: House No:

Street/Road: E-Mail Address:

Telephone: Mobile:

Postal Address 1
Postal Code:

Postal Address 2
Postal Code

PART B

DETAILS OF NEXT OF KIN

PARENTS

Father's Name
ID Number

Mother's Name
ID Number

SPOUSES

Spouse 1 Name
ID Number

Spouse 2 Name
ID Number

Spouse 3 Name
ID Number

CHILDREN

Name
ID/Birth Cert No

Name
ID/Birth Cert No:

Name
ID/Birth Cert No:

Name
ID/Birth Cert No:

Note: Please complete a separate application form in respect of any additional spouse and child.

FOR OFFICIAL USE

Received & Checked by: Sign: Date:

Authorized by: Sign: Date:

Data Entry by: Sign: Date:

Filed by: Sign: Date: