



POST RETIREMENT MEDICAL FUND (PRMF) APPLICATION FORM

TO: MANAGER, HUMAN RESOURCES,
KENYA PORTS AUTHORITY,
P.O BOX 95009-80104,
MOMBASA, KENYA.

Dear Sir/Madam,

RE: AUTHORITY FOR SALARY DEDUCTIONS TOWARDS PRMF CONTRIBUTIONS

I, of check No do hereby authorize you to deduct Kenyan Shillings(Kshs.) (Amount in Figures (Amount in Words) from my salary with effect from the month of 20..... and remit the same to the Kenya Ports Authority Retirement Benefits Scheme 2012 (DC Scheme) towards my Post-Retirement Medical Fund Contributions (PRMF).

Signed: Date:

Cc: SCHEME ADMINISTRATOR,
KENYA PORTS AUTHORITY RETIREMENT BENEFITS SCHEME 2012
OLD CANNON TOWER, 7TH FLOOR, MOI AVENUE MOMBASA
P.O BOX 1019-80100 MOMBASA, KENYA