ADDITIONAL VOLUNTARY CONTRIBUTION (AVC) APPLICATION FORM

3rd Floor, MURBS Building / Postal: P.O. Box 9268 – 40141, Kisumu

Mobile: 0701 095 900/0734 788 888

Email: info@masenorbs.or.ke/ Website: www.masenorbs.or.ke

To: THE FINANCE OFFICER,
TOM MBOYA UNIVERSITY,
P.O.BOX 199-40300,
HOMABAY

Dear Sir/Madam,

RE: AUTHORITY FOR SALARY DEDUCTIONS TOWARDS ADDITIONAL VOLUNTARY CONTRIBUTIONS (AVC)

I, …… of Payroll number …………………..
Insert Full names

do hereby authorize you to deduct Kenyan Shillings(Kshs.)…………………………………………………

(Amount In words)………

from my salary with effect from the month of ……………………………………………….. 20………. and remit the same to the Pensions Manager towards my Additional Voluntary Contributions (AVC).

Signed: …………………………………………………………… Date: …………………………………………………….

Cc: PENSIONS MANAGER,
MASENO UNIVERSITY RETIREMENT BENEFITS SCHEME,
P.O.BOX 9268,
KISUMU