PRMS APPLICATION FORM

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

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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 PRMS CONTRIBUTIONS

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

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 Post-Retirement Medical Scheme Contributions (PRMS).

Signed: …… Date: ……

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