PRMS APPLICATION FORM

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

Mobile: 0701 095 900/0734 788 888/ Landline: +254 - 057-202 1507

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

To: THE FINANCE OFFICER,
MASENO UNIVERSITY,
PRIVATE BAG,
MASENO

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 Figures)

……(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