



Retirement Benefits Trustee Certification Programme Registration Form

Notes:

1. Complete Registration Form in capital letters
2. Enclose photocopy of your identity card and 2 passport size photographs
3. Have Registration Form countersigned by Scheme/Employer responsible for payment
4. Fees of **Kshs60,000** should be paid by **bankers cheque** payable to **College of Insurance Pensions Program** or by **deposit direct to Kenya Commercial Bank Kipande Branch, College of Insurance Pensions Program** Account Number **1129813223**
5. **Please submit banker's cheque payment or bank deposit to receipt not later than first day of course.**
6. **Please send completed Registration Form to Association of Retirement Benefits Schemes, Old Mutual Building 3rd Floor, Mara/Hospital Roads, Upper Hill, P.O. Box 10285-00100, Nairobi. Registration confirmation will be sent to you.**

Particulars of Participant:

Surname:

Other names:

Physical and Postal Address:

Email Address:

Telephone contacts:

Cell:	Landline:
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Name and Address of Employer:

Position with Employer:

Name of Retirement Benefits Scheme

Position in Scheme:

Years experience in retirement benefits:

Requested Course Dates

First Preference

Alternative Preference

Payment Method – Please tick as applicable

Cheque enclosed/to follow

Bank deposit receipt enclosed/to follow

I/we hereby apply for registration to attend the Retirement Benefits Trustee Certification Programme on the dates shown above.

Participant:(signature)(date)

Sponsor:

Name of Employer/Scheme:

.....(signature)(date)

Note: Please complete reverse of this form

Additional Requirements:

Accommodation:

From:	to:
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Parking:

Yes/No. Vehicle Reg. No:

Please note:

1. The course fee does not include accommodation.
2. Cellphones must be switched off during sessions
3. There will be breaks between sessions to permit participants to attend to other matters
4. An Association of Retirement Benefits Schemes service desk will be available at College of Insurance on the morning of the first day of each course and from 12h00 noon to 14h00 on all course days.
5. For additional information please contact Association of Retirement Benefits Schemes at:
 - Email: info@arbs.co.ke
 - Website: www.arbs.co.ke
 - Telephone: Landlines - (020) 2711461/2; 2711464/5
Cellphone – 0733 748952; 0733 748954
 - Address: Old Mutual Building, 3rd Floor
Corner Mara/Hospital Roads, Upper Hill
P O Box 10285-00100
Nairobi