



MID-TERM ACCESS (12%) APPLICATION FORM

This form should be completed by a member seeking his/her benefits.

PER	SONAL	. INFO	RMATI	ON										
Name	of Mem	ıber:				Payroll/IPPS Number:								
Date of Birth:						Date of Joining Makerere University Service:								
Currer	nt Univer	sity Co	llege/S	chool:										
Current Department/Unit:														
Phone Number:							E-							
i) Cui ii) Cop iii) Cop iv) Let indi v) Ban BAN Please	icated o k Confir NK ACC	ssport S tional II hree (3) the Dir n this F mation	Size Photo and Notes of the Control	otographic otographic of the of Huller of Huller otographic otogra	oh re Universalary puman R uman R og the a	ersity II pay slip esourc pplicar fetails f	os es (Sal nt's ban	aries O	ffice) count deta	onfirmi ails as i	ng youi ndicate	ed on th	oyment details as his Form	
ACCO	UNT NU	MBER	(Start i	n the fi	rst spa	ce)						,	-	
1	2	3	4	5	6	7	8	9	10	11	12	13	_	
NAME OF BANK:														
	CH NAM OTE: Yo wil		esponsi	ble for	the cor	rectnes	s of voi	ur bank	accour				stees of MURBS	
Signature of Applicant:								Date:						
CON	IPLET	ED BY	(FOR	OFFIC	CIAL U	JSE OI	NLY):							
Pension Officer:								Signature :						
Date a	nd Stan	np:								_				



Date:											
To: The Manager,											
Dear Sir/ Madam,											
Re: Confirmation of Bank Account Details											
This is to inform you that Makerere University Retirement Benefits Scheme (MURBS) is processing retirement benefits for											
This is therefore to request you to confirm to MURBS, in writing, the following:											
1) Account Details											
Account Name											
Account Number											
Bank Name											
Branch Name											
Yours Sincerely,											
=5. Khausa											

Principal Pension Officer

Susan Khaitsa