



CATERING INDUSTRY
PENSION FUND

MEMBERSHIP REGISTRATION FORM

Address: 87 Selous Avenue, Harare

Tel: +263 8677 234 567

Email: info@cipf.co.zw

Website: www.cipf.co.zw

MEMBER NUMBER

EMPLOYER NAME EMPLOYEE #

MEMBER DETAILS

SURNAME FIRST NAME(S).....
I.D # DATE OF BIRTH.....
MARITAL STATUS..... GENDER: MALE ☐ FEMALE ☐
SPOUSE NAME SPOUSE I.D #
MONTHLY SALARY..... OCCUPATION.....
DATE JOINED EMPLOYER..... DATE JOINED PENSION FUND.....
ADDRESS.....
PHONE # EMAIL
NEXT OF KIN NAME PHONE #.....
NEXT OF KIN ADDRESS.....

BENEFICIARIES

NAME	DATE OF BIRTH	RELATIONSHIP TO MEMBER
(1)
(2)
(3)
(4)
(5)
(6)

SIGNATURE OF EMPLOYEE DATE

NAME OF COMPANY OFFICIAL

DESIGNATION

DATE

SIGNATURE

OFFICIAL STAMP