



**FORM C1**

**APPLICATION FOR CONTRACTING OUT OF NSSF TIER II CONTRIBUTIONS**

Date of Application..... (dd/mm/yr)

Proposed date of opting out.....(dd/mm/yr)

**PART I - EMPLOYER DETAILS**

- a. Name of Employer .. .. .
  - b. Number of Staff in Employment.....
  - c. Opting out is for All Staff: Yes  No  If answer is No, provide categories of staff whose contributions will be opted out and the reasons.....
  - d. Communication to employees on opting out done. Yes  No
  - e. Employer's National Social Security Fund registration number.....
- Other Employer Details  
 Telephone No..... Postal Address.....  
 Email Address.....

**PART II - DETAILS OF THE CONTRACTED-OUT SCHEME**

- A (i) Name of the Scheme .. .. .
- (ii) Scheme RBA registration Number ... .. .
- (iii) Income Tax P.I.N Number .. .. .
- (iv) K.R.A Registration Number .. .. .
- (v) Name of Scheme Administrator.....

**B Scheme details**

**(i) Name of Scheme trustees**

No.	Name of Trustee	No.	Name of Trustee

- (ii) The scheme is
  - Occupational Retirement Benefits scheme
  - Umbrella Retirement Benefits scheme
  - Individual Retirement Benefits Scheme



**PART III - ATTACHMENTS**

Please attach copies of the following:

- (i) Resolution by the employer to opt out and undertaking by the employer that it will comply with obligations concerning minimum payments in accordance with the Act.
- (ii) Trustee Consent to receive Tier II Contributions and to exercise fiduciary responsibility over the discharge of their obligations in respect to Tier II contributions.
- (iii) Declaration by the administrator/Actuary (where applicable) that the Scheme meets the reference test as per the Fourth Schedule of the NSSF Act no. 45 of 2013.
- (iv) Undertaking by the administrator that it will comply with the provisions of the Act and the Contracting Out Regulations in relation to the administration of Protected Rights in the scheme
- (v) Deed of amendment to the Trust Deed and Rules of the scheme complying with the NSSF provisions (where applicable).
- (vi) Copy of written notice issued to employees.

**PART IV – DECLARATION BY SPONSOR/EMPLOYER**

I hereby declare that the statements contained herein and the documents submitted herewith are true and accurate to the best of my knowledge and belief. Any alterations in particulars stated herein or in the said documents will be promptly communicated to the Authority within a period not later than thirty days from the date of alteration.

Signed on this.....day of.....20.....

***Before me (Witness)***

Name: .....

Signed.....

Signed.....

Name.....

Designation.....

**PART V – DECLARATION BY TRUST SECRETARY/CHAIRPERSON OF SCHEME**

I hereby declare that the statements contained herein and the documents submitted herewith are true and accurate to the best of my knowledge and belief.

Signed on this..... day of..... 20.....

***Before me (Witness)***

Name: .....

Signed.....

Signed:.....

Name:.....

*Chairperson or Trust Secretary* .....