



Makerere
University
Retirement
Benefits
Scheme

Passport Photograph

MEMBER REGISTRATION FORM

(To be completed by the employee. Fill in block letters)

Part A: Member Details

1. i) Surname: ii) First Name:
iii) Other Names:
2. i) Payroll Number ii) Old Member Number (*If applicable*):
iii) MURBS Member Number (*To be provided at registration*):
3. Date of Birth
4. Gender/Sex
5. Marital Status
6. Contact Details

i) Current Residential Address

District		Parish	
County		Village	
Sub County			

- ii) Telephone number Alternate Telephone
- iii) E-mail Alternate Email
7. Personal File number
8. University Department
9. Designation
10. Date joined service of Employer: DD / MONTH / YEAR
11. Date joined the Scheme: DD / MONTH / YEAR
12. Current Consolidated Salary (Uganda Shillings per month)

13. Spouse(s):-

	Name in Full	Date of Birth	Address					Phone Number
			District	County	Sub County	Parish	Village	

14. Dependants:-

	Name in Full	Date of Birth	Address					Phone Number
			District	County	Sub County	Parish	Village	

For 13 and 14 above, please continue on a plain piece of paper if necessary and attach to this form.

Part B: Declaration by the Employee

I declare that to the best of my knowledge and belief, the above statements are true and complete. I further acknowledge that the Rules of the Scheme are binding on me and on every person whose claim upon the Scheme is derived from me.

SignatureDate

Part C: Attachments

- i) Passport Photograph
- ii) Copy of University Identity Card
- iii) First University Appointment Letter
- iv) Copy of last Pay Slip/ Salary Slip

Part D: Recommendation by the Head of Department

I declare that to the best of my knowledge, the information given by the University employee is true and complete.

Signed and stamped by.....
(Authorised Official)