Registrar of Trade Unions

P.o Box 30031,

Nairobi.

Employees in respect of whom deductions from wages are required to be made

We, the undersigned, hereby acknowledge that we are members of the

Kenya Medical Practitioners Pharmacists and Dentists Union (Trade Union)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **UNION**  **MEMBERSHIP NUMBER** | **NAME OF MEMBER** | **PERSONAL NUMBER** | **ID/PASSPORTNUMBER** | **SIGNATURE** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

\*\*\*\* Must fill