

THE UNITED REPUBLIC OF TANZANIA  
LAPF PENSIONS FUND



BENEFICIARY  
PHOTO  
**PICHA YA  
MSIMAMIZI WA  
MIRATHI**

**APPLICATION FOR SURVIVOR'S BENEFITS  
FOMU YA MAOMBI YA MAFAO YA WARITHI**

*(To be completed by the appointed administrator of the deceased member  
Ijwazwe na msimamizi wa Mirathi aliyeteuliwa)*

**WARNING/ONYO:**

*Any person who for the purposes of obtaining any benefit for himself or some other person makes any false statement or representation or produces or causes to be produced or furnished any document or information which he knows to be false in material particular, comits an offence under the LAPF Pension Fund act CAP 407/ Mtu yeyote kwa lengo la kujipatia faida yeye mwenyewe au mtu mwingine kwa kutumia kauli au uwakilishi wa uongo au kusababisha kutolewa au kuwasilishwa kauli au nyaraka au taarifa za uongo ambazo anajua ni uongo, anatenda kosa chini ya cheria ya Mfuko wa pensheni wa LAPF sura ya 407.*

**A. PARTICULARS OF A DECEASED MEMBER/TAARIFA ZA MWANACHAMA ALIYEFARIKI**

Deceased Member's LAPF/Employee Number Namba ya LAPF/ <i>Mshahara ya mwanachama aliyefariki</i>	Surname / <i>Jina la ukoo</i>
First Name/ <i>Jina la kwanza</i>	Middle Name / <i>Jina la kati</i>
Previous/Maiden Names / <i>Jina la Zamani</i>	Gender / <i>Jinsia</i>  Male/ <i>Me</i> Female / <i>Ke</i>
Date of Birth/ <i>Tarehe ya Kuzaliwa</i>	Nationality / <i>Uraia</i>
Marital status: Married/ Divorced/ Widow(er)/ Single( <i>Hali ya Ndoa: Ameolewa/Ameoa, Ameachika, Mjane/mgane, Hajaoa/Hajaolewa.</i> )	

**B: APPLICANT'S PARTICULARS / TAARIFA ZA MUOMBAJI**

Name (in block letters) / *Majina ya mwombaji (kwa herufi kubwa)*

.....

Relationship to the Deceased Member / *Uhusiano na mwanachama aliyefariki*

.....

Address (In block letters) / *Anuani(kwa herufi kubwa)*

.....

Mobile Number / Namba ya simu.....

Date of Birth / *Tarehe ya kuzaliwa ya mwombaji* .....

**Name and addresses of dependants of the deceased member  
/ Taarifa za Wategemezi**

Name /Jina	Relationship/Uhusiano	Mobile/Simu	Address/Anuani
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....

**C: DISTRIBUTION OF CPG TO BENEFICIARIES/MGAWANYO WA MALIPO YA MKUPUO**

**1. Wife/wives- Mke/Wake**

Names/Majina	%	Bank Name/ Jina la Benki	Account No./ Namba ya akaunti
i) .....	....	.....	.....
ii) .....	....	.....	.....
iii) .....	....	.....	.....
iv) .....	....	.....	.....

**2. CHILDREN/WATOTO**

Names/Majina	%	Bank Name/ Jina la Benki	Account No./ Namba ya akaunti
i) .....	....	.....	.....
ii) .....	....	.....	.....
iii) .....	....	.....	.....
iv) .....	....	.....	.....
v) .....	....	.....	.....
vi) .....	....	.....	.....
vii) .....	....	.....	.....
viii) .....	....	.....	.....
ix) .....	....	.....	.....
x) .....	....	.....	.....

**D: DISTRIBUTION OF MONTHLY PENSION/ MALIPO YA PENSHE NI YA KILA MWEZI**

NB: Monthly pension will be payable to spouse for three years and children under 21 years only/ *Pensheni ya kila mwezi itali pwa kwa mgane/mjane/wajane kwa miaka 3 na watoto walio chini ya miaka 21 tu.*

**1. Wife/Wives- Mke/Wake**

Names/Majina	%	Bank Name/ Jina la Benki	Account No./ Namba ya akaunti
i) .....	....	.....	.....
ii) .....	....	.....	.....
iii) .....	....	.....	.....
iv) .....	....	.....	.....

**2. CHILDREN/WATOTO**

Names/Majina	%	Bank Name/ Jina la Benki	Account No./ Namba ya Akaunti
i) .....	....	.....	.....
ii) .....	....	.....	.....
iii) .....	....	.....	.....
iv) .....	....	.....	.....
v) .....	....	.....	.....
vi) .....	....	.....	.....
vii) .....	....	.....	.....
viii) .....	....	.....	.....
ix) .....	....	.....	.....
x) .....	....	.....	.....

**E: DECLARATION BY APPLICANT/TAMKO LA MUOMBAJI**

I declare that the statements given in this Form are true to the best of my knowledge and belief. / *Nathibitisha kwamba taarifa zilizotolewa katika fomu hii ni za kweli kwa imani na uelewa wangu*

Right Thumb print of the Applicant  
***Dole Gumba la Kulia:***

Signature of the Applicant/ ***Saini ya mwombaji*** .....

Date/ ***Tarehe*** .....

**F: CERTIFICATION OF THE DECEASED MEMBER'S EMPLOYER / UTHIBITISHO WA MWAJIRII  
WA MWANACHAMA ALIYEFARIKI**

This is to certify that/*Nathibitisha kuwa*.....LAPF

Registration Number(*namba ya LAPF/mshahara*).....Died on/*Amefariki*

Date/*Tarehe*.....

Name of Certifying Officer/*Jina la Afisa aliyethibitisha*.....

Designation/*Cheo*.....Signature/*Saini*.....Official

Stamp/*Muhuri wa Ofisi* .....

Date/*Tarehe*.....

**G. The following documents are submitted to support the claim/*Nyaraka  
zinazotakiwa kuambatanishwa kwenye madai:-***

- Duly filled **Form LAPF/BEN.2** ( Application for Survivor's Benefits) *Fomu ya LAPF/BEN.2 Iliyozwa kikamilifu;*
- First appointment letter/*Barua ya kwanza ya ajira ya Marehemu;*
- Membership card (**LAPF/REG.4**)/*Kadi halisi ya mwanachama (Barua ya mwombaji pale kadi haipo)*
- Certified copy of the death certificate/ or burial permit / or letter from Ward Executive Officer /*Nakala ya cheti cha kifo/tangazo la kifo/ barua kutoka kwa Afisa Mtendaji/kibali cha mazishi – vilivyothibitishwa;*
- Certified copy of minutes of meeting appointed the Administrator/*Muhtasari uliothibitishwa wa kikao cha ukoo kuthibitisha msimamizi,*
- Certified copy of marriage certificate(s)/*Nakala ya cheti cha ndoa cha marehemu iliyothibitishwa.*
- Certified Copies of birth certificates of children (under the age of 21 or 25 where applicable)/*Nakala iliyothibitishwa ya vyeti vya kuzaliwa vya mtoto/watoto waliochini ya umri wa miaka 21 au 25 kwa mtoto mlemavu kama yupo/wapo;*
- Certified Copy of Court certification of the appointed Administrator of the estate of the deceased/*Nakala iliyothibitishwa au halisi ya Fomu namba 4 ya mahakama iliyomteua msimamizi ;*
- Passport photo (one each) of dependants and Administrator (where applicable)/*picha moja ya pasi kwa kila mtegemezi(Watoto wa Marehemu) na Msimamizi wa Mirathi.*
- **Certified Copy of bank ID of the beneficiaries wife(s), children / Nakala ya kadi ya benki ya msimamizi wa Mirathi, mke au wake,watoto**
- Original/Certified copy of Medical certificate of disabled child(s) applicable) **Cheti cha Utabibu halisi au nakala kilichothibitishwa cha mtoto aliye na ulemavu**
  - **Fomu Namba IV ya Mahakama yenye Mgawanyo**

**H: CERTIFICATION BY ZONAL MANAGER/UTHIBITISHO WA MENEJA WA KANDA**

This is to certify that/***Hii ni kuthibitisha kwamba***.....has submitted benefit claims with all the supporting documents/***amewasilisha maombi ya fao la urithi likiwa na nyaraka zote zinazotakiwa***

Name/***Jina la Meneja***: .....

Signature/***Saini***: .....

Office Stamp/***Muhuri wa Ofisi***.....

Date/***Tarehe***: .....