THE UNITED REPUBLIC OF TANZANIA
LAPF PENSIONS FUND

CONTRIBUTING EMPLOYER'S REGISTRATION FORM

Name of Contributing Employer……
Address……Telephone No……......
Fax Number…… E-mail Address……..……...
Business Registration Certificate No ……..... Date of Business Registration ……
Nature of Business[1]……..……
Location of the Office: District ……..……..
Region……..
First Contribution Due Date…...…….. Current Number of Employees……..…….

Declaration

I hereby certify that

(a) The information given above is correct and true

(b) I will complete and submit employees' registration forms (LAPF 3) in respect of employees

(c) I am obliged to comply with LAPF Regulations relating to the payment of contributions promptly and fully.

Full Name……
Designation……
Signature……
Date……

Official Stamp

For Official Use Only

Registration Number……..…….. Zonal Code……
Institution Category …….. Liability Date……....
Name of Officer……. Signature……...
Date……

Official Stamp:

[1] *Attach copies of business registration*