

THE UNITED REPUBLIC OF TANZANIA

LAPF PENSIONS FUND



Members
passport
size Picture

LAPF VOLUNTARY CONTRIBUTOR'S REGISTRATION FORM

(To be filled by Applicant)

TYPE OF PRIVATE REGISTRATION APPLIED FOR (SAVING PENSION)

(Tick (✓) only once)

A: EMPLOYERS DETAILS (IF ANY)

Employer's registration number:.....

Name:.....

Address:.....

Phone number:.....Fax number:.....

Email Address:..... Salary number:.....

B: APPLICANT DETAILS

Name:.....

Date of birth:.....Gender(Male/Female):.....

Marriage status:.....

Date of registration:.....

Date of first contribution:.....

Address:.....

Phone number:..... Fax number:.....

Email Address:.....

Dependant's Bio Data

Names	Date of birth	Gender	Relationship	Adress	Birth Certificate number

I am applying for registration for making contribution to the Fund for myself /spouse / domestic servant/ or for employees.....monthly. I declare that I shall continue to make the contributions and increase amount every time my financial capability allowed.

I certify all information filled above are true and correct according to my knowledge

RIGHT THUMB PRINT

LEFT THUMB PRINT

***Member's Left and right thumb print with clear view

Signature:.....Stamp(*If any*).....

Date:.....

NOTE: IF YOU INTEND TO JOIN PENSION SCHEME YOU WILL HAVE TO ABIDE BY THE RULES STIPULATED IN THE LAPF PENSIONS FUND ACT. CAP 407.

For Official Use Only

Registration number:.....Employer registration number:.....

WITNESSED BY:-

Name:.....Designation:.....

Signature:.....Date:.....