

LAPF/BEN.1

THE UNITED REPUBLIC OF TANZANIA

LAPF PENSIONS FUND



BENEFICIARY
PHOTO/
PICHA YA
MNUFAIKA

**APPLICATION FOR RETIREMENT /INVALIDITY
PENSION OR WITHDRAWAL BENEFITS
(MAOMBI YA FAO LA KUSTAAFU/ULEMAVU AU KUJITOA)**

WARNING/ ONYO:

Any person who for the purpose of obtaining any benefit for himself or any other person knowingly makes any false statement or representation or produces or furnishes or causes to be produced or furnished any document or information which he knows to be false in material particulars, commits an offence under the LAPF Pensions Fund Act CAP 407/Mtu yeyote ambaye kwa lengo la kupata faida yoyote kwa ajili yake mwenyewe au mtu mwingine kwa kuwasilisha au kutoa au kusababisha kuwasilishwa au kutolewa taarifa au nyaraka yoyote ya uongo kwa makusudi, atakua ametenda kosa chini ya sheria ya Mfuko wa Pensheni wa LAPF sura ya 407.)

A: APPLICANT'S PARTICULARS/TAARIFA ZA MWOMBAJI:

LAPF/Employee Number Namba ya LAPF/Mwanachama)	Surname/ Jina la Ukoo
First Name/ Jina la Kwanza	Middle Name/ Jina la Kati
Previous/Maiden Names (Majina ya Zamani) (If different from above with supporting evidence / kama yapo tofauti na hapo juu na uthibitisho wa kisheria)	Gender/ Jinsia <input type="checkbox"/> <input type="checkbox"/> Male/ Me Female/ Ke
Date of Birth/ Tarehe ya kuzaliwa	Nationality/ Uraia
Marital status/ Hali ya Ndoa	Permanent Address/ Anuani ya kudumu
Mobile Number/ Namba ya simu ya mkononi:	National ID No/ Namba ya Kitambulisho cha Uraia
E-mail address/ Barua Pepe	

B. MEMBERSHIP PARTICULARS/TAARIFA ZA UANACHAMA

Date of first Appointment/ <i>Tarehe ya Kuajiriwa</i>	Name & address of Present Employer/ <i>Jina na Anuani ya Mwajiri</i>	
Date of joining LAPF/ <i>Tarehe ya kujiunga LAPF</i>		
Date of Retirement/invalidity/Withdrawal (<i>Tarehe ya Kustaafu/kulemaa/kuacha Kazi</i>)	Type of Benefit applied for/ <i>Aina ya Fao Linaloombwa</i>	(i) Statutory retirement/ <i>Kustaafu Kwa Lazma</i> [] (ii) Voluntary Retirement/ <i>kustaafu kwa Hiari</i> []
Date contribution Commenced/ <i>Tarehe ya kuanza Kuchancia</i>		(iii) Invalidity/ <i>Ulemavu</i> []
Last month of Contribution/ <i>Tarehe ya kusita michango</i>		(iv) Withdrawal/ <i>Kujitoa</i> []
Salary at retirement Tshs/ <i>Mshahara wakati wa Kustaafu</i>		

C. LIST OF PREVIOUS EMPLOYERS/ORODHA YA WAAJIRI WA ZAMANI

S/N NA.	NAME OF EMPLOYER/ <i>JINA LA MWAJIRI</i>	FROM/ <i>KUANZIA</i>			TO/ <i>HADI</i>		
		Date/ <i>Tarehe</i>	Month/ <i>mwezi</i>	Year/ <i>mwaka</i>	Date/ <i>Tarehe</i>	Month/ <i>Mwezi</i>	Year/ <i>Mwaka</i>
1							
2							
3							
4							

D: PREVIOUS CLAIMS/MADAI YA ZAMANI

- (i) Have you ever applied for or paid any benefits by the Fund?
Umewahi Kulipwa Mafao yoyote na Mfuko wa LAPF?

YES []
Ndio

No/Hapana []

If YES, state/*Kama NDIO elezea:*

Type of benefit/ <i>Aina ya Fao:</i>	Date Paid/ <i>Tarehe ya Malipo:</i>
Amount paid/ <i>Kiasi Kilicholipwa:</i>	Other comments/ <i>Mengineyo:</i>

E: DECLARATION FOR DIRECT DEPOSIT/TAMKO LA SEHEMU YA MALIPO

I declare that my benefits be deposited to the below written Bank Account and that any pension paid after my death be paid back to LAPF/ **Natamka kwamba mafao yangu yalipwe kupitia Akaunt yangu ya Benki niliyoiandika hapa chini na kwamba Pension yoyote itakayolipwa baada ya kufariki kwangu irudishwe LAPF**

Account No/ Namba ya Akaunt	Bank Name/ Jina la Benki
Branch Name/ Jina la Tawi:	

Note: Name in Bank Account should be the same as in the copy of Bank ID

Kumbuka: Jina lililopo kwenye Akaunti ya Benki liwe sawa na kwenye kivuli cha Kitambulisho cha Benki

F: DECLARATION BY APPLICANT/TAMKO LA MWOMBAJI

I declare that the statements given in this Form are true to the best of my knowledge and belief/ **Natamka kuwa taarifa zilizotolewa kwenye fomu hii ni za kweli kwa kadiri ya uaelewa wangu na ninavyoamini**

Right Thumb print of the Applicant/**Dole gumba la Kulia la Mwombaji:**

Signature of the Applicant/**Sahihi ya Mwombaji**.....

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

G: CERTIFICATION BY THE EMPLOYER/UTHIBITISHO WA MWAJIRI

I certify that/**Nathibitisha kwamba**.....,LAPF/Employee Number/**Namba ya LAPF/Mshahara**..... has left employment from/**Ameondoka kazini tangu**due to/**kutokana na** ;

Old Age
Uzee

Invalidity
Ulemavu

Withdrawal
Kuacha kazi

and has submitted the following documents to support the claim/ na amewasilisha nyaraka zifuatazo kusaidia maombi haya.

- Duly filled **Form LAPF/BEN.1** (Application for Retirement or Withdrawal Benefits)/ Fomu ya **LAPF/BEN.1** Iliyojazwa kikamilifu;
- Letter of appointment/Barua ya kwanza ya ajira;
- Original LAPF Membership Card(**Form LAPF/REG.4**)/**Kadi halisi ya mwanachama.**
- A letter of notification of retirement from the employer; (For Retirement Case)/**Barua ya kujulisha kustaafu toka kwa mwajiri**

- A Letter of Resignation / Termination from the current employer (For Withdraw Case). **Barua ya kujiuzulu/ukomo wa ajira toka kwa mwajiri wa mwaisho.**
- Salary Slip (original or copy) available during application/**Hati Halisi ya mshahara wakati wa kustaafu.**
- One Picture (Passport Size)/**Picha moja ya pasi;** and
- Certified Copy of Bank Identity/**Nakala ya kitambulisho cha benki iliyothibitishwa**

Name of Certifying Officer/**Jina la afisa anayethibitisha:**

Designation/**Cheo:**.....

Signature/**Saini:** Date/**Tarehe:**.....

Official Stamp/**Muhuri wa Ofisi:**.....

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**

Manager's Name/ **Jina la Meneja:**.....

Signature/ **Saini :**Office Stamp / **Muhuri wa Ofisi:**

Date / **Tarehe:**