

THE UNITED REPUBLIC OF TANZANIA

LAPF PENSIONS FUND



CLOSURE OF CONTRIBUTING EMPLOYER'S BUSINESS

Name of Contributing Employer.....

Address Telephone Number.....

Fax Number..... E-mail Address.....

Registration Certificate No.....Registration Date.....

Nature of Business.....

Location of the Head Office: District

Region.....

Number of Employees at closure.....

Last month for which contributions were paid.....

Date of Closure of business.....

Reasons for business closure.....

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Arrears of contributions due at closure (in Tshs.).....

Penalties due at closure (in Tshs.).....

Name.....Signature.....

Date



For Office Use Only

Date of notice of business closure.....

Declaration:

I hereby certify that (Employer) has closed
business with effect from.....

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

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

Stamp.....