

THE UNITED REPUBLIC OF TANZANIA

LAPF PENSIONS FUND



Member's
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MEMBER'S RECORDS AMENDMENT/CARD REPLACEMENT FORM

Membership Number

Please tick (✓) where appropriate

(A) PERSONAL DETAILS

(C) REPLACEMENT OF
MEMBERSHIP CARD

(Appropriate fees to be paid)

(B) CHANGE OF DEPENDANTS

(D) QUERY ON MEMBER
STATEMENT

SECTION A: MEMBER'S PERSONAL DETAILS (TO BE COMPLETED BLOCK LETTERS)

Details	Previous Details	Current Details
First Name		
Other Name		
Surnames		
Marital Status		
Date of Birth		
Date Joined Fund		
Date Joined Employer		
National ID Number		
Employee Number		

SECTION B – DEPENDANTS UPDATION

Name of Dependant(S)	Date of Birth	Relationship	Dependant's Address

CONTACT DETAILS

Details	Previous Details	Current Details
Postal Address		
Physical Address		
Telephone Number(s)		
Mobile Number(s)		
Email Address		

SECTION C: UPDATION OF MEMBER'S STATEMENT

Nature of Problem <i>(as identified in the issued statement)</i>	Period Covered <i>(If applicable)</i>	Previous Notification <i>(If any)</i>
Missing contributions		
Amount under/overstated		
Calculation Errors		
Different Name		
Different Employee Number		
Any Other (specify)		

DECLARATION

I certify that the facts stated above are to the best of my knowledge true and accurate

SIGNATURE

DATE

FOR OFFICE USE ONLY

Receipt number _____ Date _____

(Applicable for card replacement)

Comments _____

Name _____ Signature _____

Date _____

CAUTION

Any changes should be supported with appropriate documents (*Birth Certificate or Affidavit*).