

THE UNITED REPUBLIC OF TANZANIA

LAPF PENSIONS FUND



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

Membership Number

Tick where appropriate

CHANGE OF NAME

REPLACEMENT OF

MEMBERSHIP

CARD

(Appropriate fees to be paid)

CHANGE OF DEPENDANTS

QUERY ON THE STATEMENT

SECTION A – MEMBER'S PERSONAL DETAILS (To be completed BLOCK LETTERS)

MEMBER'S NAME	Surname	First Name
	Middle Name (s)	

PREVIOUS NAMES (If any)	Surname	First Name
	Name (s)	
PRESENT ADDRESS (Do not abbreviate)	Postal	
	E-mail address (if any)	Tel No. (If any)
PERMANENT ADDRESS (Do not Abbreviate)	Postal	
	E-mail address (if any)	Tel No. (If any)
GENDER	Female <input type="checkbox"/> Male <input type="checkbox"/>	
MARITAL STATUS (Tick only one)	Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Divorce <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
CURRENT EMPLOYER		