

THE UNITED REPUBLIC OF TANZANIA
LAPF PENSIONS FUND



Members
passport
size
Picture

MEMBER'S REGISTRATION FORM

- 1. First Name.....Middle Name.....
- 2. Surname.....
- 3. LAPF Registration Number.....Check Number (For Government Employees).....
- 4. Dept Code.....Salary at time of employment
- 5. Are you recently an active member of any Fund other than LAPF? (Yes/No).....
- 6. Date of Birth (dd/mm/yyyy) 6. Sex (F/M).....
- 7. Marital Status (Single/Married/Widowed, etc).....
- 8. Employer's Name.....
- 9. Date of Employment..... 10. Date Registered to LAPF.....
- 10. Job Title 12. Email Address.....
- 11. Mobile Number(s):

12. Dependant's Details

Full Name	Birth Date	Sex	Relationship	Address

I certify and declare that all my particulars as recorded above are correct and true and that I have decided to be a member of LAPF Pensions Fund without any duress or undue influence.

13. Signature: Date:

THUMB PRINT

*** Clear Member's Thumb Print:

EMPLOYER'S CERTIFICATION

I certify that the particulars of the employee as recorded above are correct and true.
The member's right or left thumb impression was affixed in my presence.

Employer Officer's Name:

Signature: Date:

Official Stamp:

Employer's Postal Address.....

Employer's Telephone Number

Date Contributions Commenced

Note:

1. **Please attach a stamp size photograph of the Member in the space provided.*
2. ***Must be signed by a person duly authorized by the Contributing Employer.*
3. *This form is to be completed by a person who is not a statutory member of any other Pensions Fund.*
4. *Particulars of a Member concerned must be written in accordance with the particulars in the Personal File.*
5. *This form should be submitted to LAPF for further action.*

For Official Use Only

WITNESSED BY:

Officer's Name:..... Job Title:

Signature: Date: