

THE UNITED REPUBLIC OF TANZANIA
LAPF PENSIONS FUND



BENEFICIARY
PHOTO

**APPLICATION FOR RETIREMENT /INVALIDITY
PENSION OR WITHDRAWAL BENEFITS**

WARNING:

Any person who for the purpose of obtaining any benefit for himself or some 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

A: APPLICANT'S PARTICULARS:

LAPF / Employee Number	Surname
First Name	Middle Name
Previous/Maiden Names <i>(If different from above with supporting evidence)</i>	Gender <input type="checkbox"/> <input type="checkbox"/> Male Female
Date of Birth	Nationality
Marital status	Permanent Address
Mobile Number:	National ID No.
E-mail address	

B. MEMBERSHIP PARTICULARS

Date of first Appointment	Name & address of Present Employer		
Date of joining LAPF			
Date of Retirement/invalidity/Withdrawal	Type of Benefit applied for	(i) Statutory retirement	[]
Date contribution Commenced		(ii) Voluntary Retirement	[]
Last month of Contribution		(iii) Invalidity	[]
Salary at retirement Tshs.		(iv) Withdrawal	[]

C. LIST OF PREVIOUS EMPLOYERS

S/N	NAME OF EMPLOYER	FROM			TO		
		Date	Month	Year	Date	Month	Year
1							
2							
3							
4							

D: PREVIOUS CLAIMS

(i) Have you ever applied for or paid any benefits by the Fund? **YES** [] **No** []

If **YES**, state:

Type of benefit	Date Paid:
Amount paid:	Other comments:

E: DECLARATION FOR DIRECT DEPOSIT

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.

Account No.	Bank Name:
Branch Name:	

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

F: DECLARATION BY APPLICANT:

I declare that the statements given in this Form are true to the best of my knowledge and belief.

Right Thumb print of the Applicant:

Signature of the ApplicantDate

G: CERTIFICATION BY THE EMPLOYER

I certify that, LAPF /Employee Number..... has left employment from (Date)due to;

Old Age **Invalidity** **Withdrawal**

and has submitted the following documents to support the claim.

- Duly filled **Form LAPF/BEN.1** (Application for Retirement or Withdrawal Benefits);
- Letter of appointment from Public and Private Sectors;
- Original LAPF Membership Card (**Form LAPF/REG.4**)

- A letter of notification of retirement from the employer; (For Retirement Case).
- A Letter of Resignation / Termination from the current employer (For Withdraw Case).
- Salary Slip (original or copy) available during application;
- One Picture (Passport Size); and
- Certified Copy of Bank Identity .

Name of Certifying Officer:..... Designation:.....

Signature:Date:.....

Official Stamp:.....

H: CERTIFICATION BY ZONAL MANAGER

This is to certify that has submitted benefit claims with all the supporting documents.

Name:

Signature:Office Stamp:

Date: