

## 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: .....