

LAPF PENSIONS FUND



BENEFICIARY
PHOTO

APPLICATION FOR FUNERAL GRANT

(TO BE COMPLETED BY AUTHORIZED MEMBER OF THE FAMILY OF THE DECEASED PERSON)

WARNING:

Any person who for the purposes of obtaining any benefit for himself or some other person makes any false statement or representation or produces 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

Use CAPITAL LETTERS

A. PARTICULARS OF A DECEASED MEMBER

1. Surname_____
2. Other Names_____
3. Previous/Maiden Name_____
4. Father's Name_____
5. Mother's Name _____
6. Death Certificate Number_____
7. Date of Death_____
8. LAPF/ Employee Number _____
9. Name of Employer_____
10. Applicant Telephone Number_____

B. EMPLOYERS DETAILS

11. I certify that the particulars of the employee as recorded above are correct and true and in accordance to his/her records.

12. Name and address of Employer _____

13. Employer's Representative Name _____ Designation _____

Signature and rubber stamp _____ Date _____

C. CLAIMANTS PARTICULARS

1. Surname _____

2. Other Names _____

3. Date of Birth _____

4. Place of Birth _____

5. Address _____

6. Relationship with a deceased person _____

7. Mobile Number _____

D. DOCUMENTS TO SUPPORT CLAIM

I attach the Following document to support my claim:

- Dully filled application form for funeral grant (**LAPF/BEN.4**);
- Membership Card if available;
- Certified Copy of Burial Permit or Death Certificate;
- Certified copy of Minutes of the meeting of relatives appointing the applicant;
- One Picture Passport Size of the applicant ; and
- Copy of Bank Identity card .

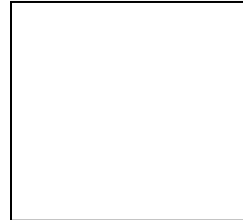
E. PAYMENT INSTRUCTION:

Please pay benefit to _____ Bank Name _____ Branch _____
Account No. _____

F. DECLARATION OF APPLICANT

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

.....
Signature of Claimant



Hand Right
Thumb Print

Date

G.CERTIFICATION BY ZONAL MANAGER

This is to certify that _____
Has submitted benefit claims with all the supporting documents and has been
paid Tsh.._____ as Funeral grants (see payment advice attached.

Name: _____ Signature: _____

Office Stamp: _____ Date: _____

To be noted by the LAPF Officer:

1. The information to be filled in this form is very important and will form the basis for the preparation of the applied benefit.
2. This form is to be filled in duplicate each affixed with the applicant's coloured passport size photograph.
3. The employer has to verify the accuracy and correctness of the records provided

4. After verification of the Accuracy and correctness of the information filled, the Employer's representative should sign and rubber stamp section 13 of part B.
5. LAPF Registration Number should be the member's respective payroll check number.
6. Number of employer should be respective vote number.
7. If the applicant is LAPF member then must indicate his/her registration number.
8. The attesting witnesses include Member of Parliament, Judge or Magistrate, Advocate, district Commissioner, Regional Commissioner, Minister or Religion or Member of the Board of LAPF.
9. One copy of the form remains with LAPF and the employer retains the other copy after payment.
10. Application should be made at any nearest LAPF branch office.

Director General,
Local Authorities Pensions Fund,
P.O. Box 1501,
DODOMA.