

# THE UNITED REPUBLIC OF TANZANIA NATIONAL SOCIAL SECURITY FUND

## MEMBER REGISTRATION CARD

Any person who for the purpose of obtaining any benefit for some other persons make 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 particular, is guilty of an offence under the National Social Security Fund Act No. 28 of 1997

FOMU: NSSF/R.3A

INSURED PERSON'S PHOTOGRAPH

			FIRST	NAM	ME		7	MI	DDLE	E NAM	ΛF			SURI	IVANI		T ,	2001	JPATION								
										_ 14/-(14	-			JUNI	VAIVII				PATION			FOF	ROFF	ICIAL L	ISE ONL	Y	
MEMBER'S	S NAME																			NS	SSF O	FFIC	E COL	DE			
PREVIOUS MAIDEN N	NAME OR AME																										
FATHER'S	NAME																				•						
MOTHER'S	NAME												,								NIC	OE I	oeole:	TO ATIO	NUM NO	nen	
			D.	AY					MON	JTH							YEAR				I NC		TEGIO	INAIIC	INOIN N	BER	
DATE CON'	TRIBUTION CED										,												VEE	RIFIED I	ev.		
DATE JOINI	ED SCHEME																			NAM	ΛΕ;				)		
NATIONALI	TY																										
DATE OF BIRTH																				DESIGNATION:							
PLACE OF BIRTH		TOWN/VILLLAGE					DISTRICT						REGION						SIGNATURE:								
		SINGLE		MARRIED		RRIED	SEPAR			PARAT	ARATED		DIVOF	RCED	1	WIDOW		WI	WIDOWER		П	$\neg$					
MARITAL ST	TATUS																			DATE	DA	Υ	MOI	NTH	1_1	YEAR	
SEX			ITHLY '	WAGE						CHECK NUMBER																	
MALE	FEMALE																										
		TSHS.																									
	LOYEE'S		•	TE	EL./MC	BILE	NUMI	BER							E-	MAIL	ADDRE	SS			RESID	DENT	ΓIAL/P	HYSIC	AL ADDI	RESS	
COI	NTACT																										
EMPLOYER'	'S DETAILS	EMF	PLOYE	R'S I	NUMB	ER				AD	DRES	SS				TELE	PHONE	ENUN	/BER		COMF	ANY	REGI	STRATI	ON NUI	/BER	
					Th	ereby	decl	are t	hat t	he pe	erson	(s) n	nenti	onec	belo	ow a	re my d	leper	ndants								
MANE OF REPENDANT OF					I hereby declare that the person(s) mentioned below are my dependants  DEPENDANTS INFORMATION  "Dependants as it has beed defined in the NSSF Act No.28 of 1997												DEDMANENT BIRTH										
NAME OF DEPENDANT (S)					DATE OF BIRTH						NSSF REG. NUMBER					SEX			PERMAN ADDRE				CERTIFICA				
				DAY	/ M	ONTH	YEAR						(IF ANY)		M/F RELATION		NSHIP		NUMBER								
						-													~								
																								18 3			
																								a.			-

### I CERTIFY THAT

- (i) I have never been registered as a member of this Social Security Scheme
- (ii) The facts stated above are correct and accurate

# LEFTTHUMB PRINT



#### **RIGHTTHUMB PRINT**



Member's Signature	Place of Registration	Date
	(Designation)	CERTIFY THAT

the completion of this form was supervised by me, AND the THUMB PRINTS SIGNATURE are those of the MEMBER.

## EMPLOYER'S STAMP AND SIGNATURE

FOR OFFICIAL USE ONLY		SHORTTERM BENEFIT	
TYPES OF BENEFIT	DATE	REFERENCE NUMBER	SIGNATURE