



**Details of other claims which you have previously made to LAPF;**

Have you applied for Maternity Benefits within the last three years? Tick appropriate box  
Yes  No

If YES, when and where did you claim? Date (Month and Year)  
LAPF Office at

If you have previously claimed maternity benefits give the following information:

Type of benefit	Office where claim made	Date when claim made	Benefit paid for period	Amount of benefit paid

**DOCUMENTS NEEDED TO SUPPORT THIS CLAIM.**

The following documents must be submitted to LAPF with this claim form – please tick the boxes to show which of them you are attaching to this claim:

Your original LAPF membership card (LAPF REG. 4)  Three passport-size photos   
 Birth Certificate of child and if you had a child who died prior to this claim please provide the Death Certified   
 Copy of a Bank ID.  Salary Slip

**PAYMENT INSTRUCTION:**

Please pay my benefit cheque  
 Through \_\_\_\_\_ Bank \_\_\_\_\_ Branch \_\_\_\_\_  
 Account No. \_\_\_\_\_ Tow \_\_\_\_\_

I declare that to the best of my knowledge and belief, the statements which I have given in this form are true. I understand that, by making a claim to any of LAPF benefits which are paid under new LAPF Act, I am bound by all conditions which apply under that Act.

Signature of claimant \_\_\_\_\_ Date \_\_\_\_\_ Thumb print \_\_\_\_\_  
 Signature of Attesting witness \* \_\_\_\_\_ Name \_\_\_\_\_  
 Designation \_\_\_\_\_ Date \_\_\_\_\_

**Witness**

\*This is only necessary if the claimant is unable to write (Attesting witness includes Member of Parliament, Judge, Magistrate, Advocate, District Commissioner, Minister of Religion, Claimant’s Employer)

\*Right/Left  
  
\*Delete as appropriate

**Part 2 DECLARATION BY THE EMPLOYER**

I certify that the member whose details are shown at Part 1 of this form is my employee and therefore known to me and the information which she has given on this form is correct. Her last contribution, prior to this claim was Tshs. \_\_\_\_\_ paid on \_\_\_\_/\_\_\_\_/\_\_\_\_ and the LAPF receipt number for the remittance is \_\_\_\_\_

Employer name and address: \_\_\_\_\_

LAPF Employer Reference Number \_\_\_\_\_

Name and Designation of the person signing this declaration \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

Employers Official stamp

Telephone No.: \_\_\_\_\_

Fax No.: \_\_\_\_\_

(If not included in the stamp)

**Part 3 CERTIFICATION BY ZONAL MANAGER**

This is to certify that \_\_\_\_\_

Has submitted benefit claims with all the supporting documents.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Office Stamp: \_\_\_\_\_

Date: \_\_\_\_\_

**Warning:** Any person who, for the purpose of obtaining any benefit, for herself or some other person, to which they are not entitled, makes a false statement or produces or furnishes – or causes to be produced or furnished – any document or information which s/he knows to be false in a material particular, is guilty of an offence under the Local Authorities Pensions Fund, Act No. 9 of 2006.