

LAPF/BEN.1

THE UNITED REPUBLIC OF TANZANIA

THE LOCAL AUTHORITIES PENSIONS FUND



Member 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 Local Authorities Pensions Fund Act No.9 of 2006

A: APPLICANT'S PARTICULARS:

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

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	[]
		(iv) Withdrawal	[]
Period of non-contributory	Salary at retirement Tshs.		
Total Months Contributed			

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** []

(ii) Have you ever applied for or paid benefits from Ministry of Finance/Treasury or PSPF? **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 employment records

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 Applicant Date
.....

G: CERTIFICATION BY THE EMPLOYER

I certify that, LAPF
Registration 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);
- First appointment letter;
- Letter of appointment in the Local Government Service;
- **Form LAPF/REG.4** (Membership Card);
- Last Salary slip;
- A letter of notification of retirement from the employer;
- Last salary slip (original or copy);
- 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: