Form LAPF 1

THE UNITED REPUBLIC OF TANZANIA

THE LOCAL AUTHORITIES PENSIONS FUND

CONTRIBUTING EMPLOYER'S REGISTRATION FORM

Name of Contributing Employer……..

Address……Telephone Number…….

Fax Number……..E-mail Address……..

Business Registration Certificate No……..Date of Business Registration Certificate ……..

Nature of Business[1]……..

Location of the Head Office: District ……

Region……..

Zone…….

First Contribution Due Date:…….

Current Number of Employees……..

Declaration

I hereby certify that

(a) The information given above is correct and true

(b) I will complete and submit employees' registration cards in respect of employees

(c) I am obliged to comply with LAPF Regulations relating to the payment of contributions promptly and fully.

Full Name……..

Designation……

Signature……

Date……

Official Stamp

For Official Use Only

Registration Number…… Regional Code……

Institution Code…… Liability Date……

Name of Officer……Date……

[1] *Attach copies of business registration if any*