

**THE UNITED REPUBLIC OF TANZANIA**  
**THE LOCAL AUTHORITIES PENSIONS FUND ACT 2006**



Member's  
photograph

**MEMBER'S REGISTRATION FORM**

Surname ..... Middle Name .....

First Name ..... Previous or Maiden Name [if any].....

Are you currently a member of any other Pension Fund in Tanzania?(Yes/No).....

Permanent Address .....

Date of Birth [dd/mm/yyyy] ..... Place of Birth .....

Place of Domicile ..... Sex [F/M] .....

Marital Status [Single/Married/divorced/Widow/Widower/Separated] .....

Nationality ..... Tribe.....

National Identity Number .....

Father's Name ..... Mother's Name .....

Date of first Appointment ..... Name of First Employer .....

Check Number ..... Dept Code (e.g. 5000).....

Previous Check Number..... Dept Code (e.g. 5000).....

Date of Joining LAPF ..... Present Monthly Salary.....

Date Contributions Commenced ..... Your Mobile Number.....

Current Monthly Contribution .....

Name of Present Employer ..... Tel.....

Designation ..... Employer's Address .....

Employer's Fax Number ..... E-mail address.....

**Name[s] of Previous Contributing Employer[s]**

Name	From [Date]	To [Date]

**Dependant's Bio-Data**

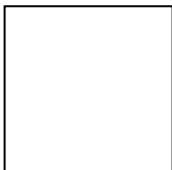
Name	Date of Birth	Sex	Relationship	Address	Birth Certificate number

**Caution**

*Any person who for the purpose of obtaining any benefit or refund for himself or some other person knowingly makes any false statements or representation or produces or furnishes or cause to be produced or furnished any document or information which he knows to be false in a material particular, commits an offence under the Local Authorities Pensions Fund Act. No.9 of 2006.*

I certify and declare that all my particulars as recorded above are correct and true.

**LEFT**



**RIGHT**



\*\*\* Clear and Full Right and Left Thumb Impression of a member:

Signature: ..... Date: .....

**EMPLOYER’S CERTIFICATION**

I certify that the particulars of the employee as recorded above are correct and true.

The member’s right and left thumb impression was affixed in my presence.

Signature of \*\*Contributing employer/issuing Officer: .....

Date: .....

Official Stamp: .....

**Note:**

1. *\*Please attach a stamp size photograph of the employee in the space provided.*
2. *\*\*Must be signed by a person duly authorized by the Contributing Employer.*
3. *\*\*\*Strictly the right and left thumb.*
4. *Employer’s reference number – The employer must ensure that his reference number is correctly written so as to avoid late registration of an employee.*
5. *Particulars of an employee – The particulars of the employee concerned must be written in accordance with the particulars in the Personal File.*
6. *The form must be completed and sent to LAPF for further action.*

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**For Official Use Only**

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LAPF Number: ..... Employer’s Registration No.....

**WITNESSED BY:**

Name: ..... Designation: .....

Signature: ..... Date: .....