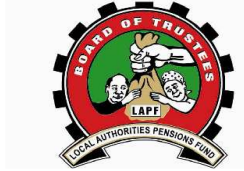


THE UNITED REPUBLIC OF TANZANIA
THE LOCAL AUTHORITIES PENSIONS FUND



APPLICATION FOR REGISTRATION FOR PAYMENT OF SUPPLEMENTARY CONTRIBUTIONS

(To be completed by a Contributing Employer or a Member)

A: PARTICULARS OF CONTRIBUTING EMPLOYER:

Contributing Employer's Registration No:
Name:
Address:
Telephone No.: Fax No.: E-Mail Address:
Code No.....

B: MEMBERS' PARTICULARS

Membership Registration No.:
Name:
Address:
Telephone No. Fax No. E-Mail Address

I am applying for the purpose of making supplementary contribution to the Fund for myself /spouse / domestic servant/ employees (number of members) who are employed by this institution/local authority as per the attached list of their names.

I declare that I shall continue to make supplementary contributions until directed otherwise by the Director General of the Fund.

Signature: Stamp:

For Official Use Only

You are hereby notified that your application for registration for payment of supplementary contributions has been accepted/not accepted and therefore you are required to: -

- a) Start remitting contributions from (date)
- b) Submit the following information.
.....
- c) (Other).....
.....

.....
Director General

.....
Date