

**JAMHURI YA MUUNGANO WA  
TANZANIA  
MFUKO WA PENSHENI WA LAPF**

LAPF/BEN 4



PICHA YA  
MUOMBAJI

**APPLICATION FOR FUNERAL GRANT/MAOMBI YA MSAADA WA MAZISHI  
(TO BE COMPLETED BY AUTHORIZED MEMBER OF THE FAMILY OF  
THE DECEASED PERSON / IJAZWE NA KUKAMILISHWA NA MSIMAMIZI  
ALİYETEULIWA NA NDUGU WA MAREHEMU)**

**WARNING/ONYO:**

Any person who for the purposes of obtaining any benefit for himself or some other person makes any false statement or representation or produces or causes to be produced or furnished any document or information which he knows to be false in material particular, commits an offence under the LAPF Pensions Fund Act CAP 407/ Mtu yeyote kwa lengo la kujipatia faida yeye mwenyewe au mtu mwingine kwa kutumia kauli au uwakilishi wa uongo au kusababisha kutolewa au kuwasilishwa kauli au nyaraka au taarifa za uongo ambazo anajua ni uongo, anatenda kosa chini ya cheria ya Mfuko wa pensheni wa LAPF sura ya 407.

**A. PARTICULARS OF A DECEASED MEMBER/TAARIFA ZA MWANACHAMA  
ALIYEFARIKI**

1. Surname/Jina la Ukoo \_\_\_\_\_
2. Other Names / Majina mengine \_\_\_\_\_
3. Previous/Maiden Name/ Majina ya Zamani \_\_\_\_\_
4. **Father's Name/ Jina la Baba** \_\_\_\_\_
5. **Mother's Name/Jina la Mama** \_\_\_\_\_
6. **Death Certificate Number/ Namba ya cheti cha Kifo** \_\_\_\_\_
7. Date of Death / tarehe ya Kifo \_\_\_\_\_
8. LAPF/ Employee Number / Namba ya LAPF au mshahara \_\_\_\_\_
9. Name of Employer/ Jina la mwajiri \_\_\_\_\_
10. \_\_\_\_\_

**B. EMPLOYERS DETAILS/ TAARIFA ZA MWAJIRI**

11. I certify that the particulars of the employee as recorded above are correct and true and in accordance to his/her records./ ***Nathibitisha kwamba taarifa zilizotolewa katika fomu hii ni za kweli kwa kuamini na uelewa kwangu***

12. Name and address of Employer / ***Jina n a Anuani ya Mwijiri*** \_\_\_\_\_

13. Employer's Representative Name/***Mwakilishi wa Mwijiri*** .....  
Designation/***Cheo***.....

Signature and rubber stamp/***Saini na Muhuri wa Ofisi*** \_\_\_\_\_  
Date / ***Tarehe*** \_\_\_\_\_

**C. CLAIMANTS PARTICULARS/ TAARIFA ZA MUOMBAJI**

1. Surname/ Jina la Ukoo \_\_\_\_\_
2. Other Names / Majina mengine \_\_\_\_\_
3. Date of Birth / Tarehe kuzaliwa Muombaji \_\_\_\_\_
4. Place of Birth / Sehemu aliyozaliwa \_\_\_\_\_
5. Address /Anuani \_\_\_\_\_
6. Relationship with a deceased person / Uhusiano na Marehemu \_\_\_\_\_
7. Mobile Number / Namba ya Simu \_\_\_\_\_

**D. DOCUMENTS TO SUPPORT CLAIM / NYARAKA ZINAZOTAKIWA KUAMBATANISHWA**

- Dully filled application form for funeral grant (LAPF/BEN.4) / ***Fomu LAPF/BEN.4 ya Msaada wa Mazishi iliyojazwa kikamilifu;***
  - Membership Card if available / ***Nakala ya kadi ya Uananachama ya Marehemu( kama ipo) au barua ;***
  - Certified Copy of Burial Permit or Death Certificate / ***Nakala ya kibali cha mazishi / cheti cha kifo kilichothibitishwa;***
  - Certified copy of Minutes of the meeting of relatives appointing applicant / ***Nakala ya kikao cha wanandugu kuteua msimamizi, iliyothibitishwa;***
  - One Picture Passport Size of the applicant / ***Picha moja ya pasipoti ya Muombaji;***
- Copy of Bank Identity card / ***Nakala ya kadi ya Benki ya Muombaji.***

**E. PAYMENT INSTRUCTION / MAELEKEZO YA MALIPO:**

Please pay benefit to/**Naomba malipo yafanywe kupitia** \_\_\_\_\_ Bank Name/**Jina la Benki** \_\_\_\_\_ Branch/Tawi \_\_\_\_\_

Account No./Akaunti Namba \_\_\_\_\_

**F. DECLARATION BY APPLICANT/TAMKO LA MUOMBAJI**

I declare that the statements given in this Form are true to the best of my knowledge and belief. / **Nathibitisha kwamba taarifa zilizotolewa katika fomu hii ni za kweli kwa kuamini na uelewa kwangu**

.....

Signature of Claimant/  
**Saini ya Muombaji**



Hand Right Thumb Print

**Dole Gumba la kulia la Muombaji**

Date/ **Tarehe**

**G.CERTIFICATION BY ZONAL MANAGER/ UTHIBITISHO WA MENEJA WA KANDA**

This is to certify that/ **Nathibitisha kuwa** .....  
Has submitted benefit claims with all the supporting documents and has been paid Tsh/ **amewasilisha maombi ya fao la msaada wa mazishi na nyaraka muhimu zimewasilishaw na atalipwa** Shs. \_\_\_\_\_ as Funeral grants/ ya msaada wa Mazishi

Name/**Jina la Meneja:** \_\_\_\_\_ Signature/**Saini:** \_\_\_\_\_

Office Stamp/ **Muhuri wa Ofisi:** \_\_\_\_\_ Date/**Tarehe:** \_\_\_\_\_

**To be noted by the LAPF Officer:**

1. The information to be filled in this form is very important and will form the basis for the preparation of the applied benefit.
2. This form is to be filled in duplicate each affixed with the applicant's coloured passport size photograph.
3. The employer has to verify the accuracy and correctness of the records provided

4. After verification of the Accuracy and correctness of the information filled, the Employer's representative should sign and rubber stamp section 13 of part B.
5. LAPF Registration Number should be the member's respective payroll check number.
6. Number of employer should be respective vote number.
7. If the applicant is LAPF member then must indicate his/her registration number.
8. The attesting witnesses include Member of Parliament, Judge or Magistrate, Advocate, district Commissioner, Regional Commissioner, Minister or Religion or Member of the Board of LAPF.
9. One copy of the form remains with LAPF and the employer retains the other copy after payment.
10. Application should be made at the nearest LAPF branch office.

Director General,  
The LAPF Pensions Fund,  
P.O. Box 1501,  
**DODOMA.**