

THE UNITED REPUBLIC OF TANZANIA
THE LOCAL AUTHORITIES PENSIONS FUND

LAPF/BEN.3



BENEFICIARY
PHOTO

**PCHA YA
MUOMBAJI**

**APPLICATION FOR MARTENITY BENEFITS
FOMU YA MAOMBI FAO LA UZAZI**

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 Pension 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: APPLICANT'S PARTICULARS/ TAARIFA ZA MUOMBAJI

LAPF Registration Number/ <i>Namba ya LAPF/Mshahara</i>	Surname/ <i>Jina la Ukoo</i>
First Name/ <i>Jina la Kwanza</i>	Middle Name/ <i>Jina la Kati</i>
Previous/Maiden Names / <i>Jina la Zamani</i>	
Date of Birth/ <i>Tarehe ya Kuzaliwa</i>	Nationality/ <i>Uraia</i>
Marital status/ <i>Hali ya Ndoa</i>	Permanent Address/ <i>Anuani ya Kudumu</i>
Telephone/ <i>Namba ya Simu</i>	National ID No./ <i>Na.ya Kitambulisho cha Taifa</i>

B. MEMBERSHIP PARTICULARS/TAARIFA ZA UANACHAMA

Date of first Appointment/ <i>Tarehe ya</i>	Name & address of Present Employer/ <i>Jina na Anuani ya Mwajiri wa sasa</i>
Date of joining LAPF	
Date of birth of the child/ <i>Tarehe ya Kuzaliwa Mtoto</i>	
Date contribution Commenced/ <i>Tarehe ya Michango kuanza Kuchangia</i>	Current Salary/ <i>Mshahara wakati wa Kujifungua</i>

C: PREVIOUS MARTENITY BENEFIT CLAIMS/MADAI YA ZAMANI YA FAO LA UZAZI

(i) Have you ever applied for or paid any maternity benefits by the Fund? *Ulishawahi kuomba au kulipwa mafao ya Uzazi na LAPF*

YES [] No [] *Ndiyo* [] *Hapana* []

If YES, state: / *Kama ndiyo, Elezea*

Amount paid: <i>Kiasi ulicholipwa</i>	Date Paid: <i>Tarehe Uliyolipwa</i>
Other Comments: <i>Maoni Mengine</i>	

D: DECLARATION FOR DIRECT DEPOSIT / TAMKO LA KULIPWA KWENYE AKAUNTI

I declare that my benefits be deposited to the below written Bank Account. *Natamka kuwa malipo haya kwenye Akaunti hii hapa chini*

Account No./ Namba ya Akaunti	Bank Name: / <i>Jina la Benki</i>
Branch Name: / <i>Tawi la Benki</i>	

Note: Name in the Bank Account Identity should be the same as in employment records / Majina yaliyopo Benki lazima yafanane na Kumbukumbu zingine za Ajira

E: DECLARATION BY APPLICANT: / TAMKO LA MWOMBAJI

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 kuelewa kwangu*

Right Thumb print of the Applicant

Dole Gumba la Kulia:

Signature of the Applicant/ *Saini ya mwombaji*

Date/ *Tarehe*

F: CERTIFICATION BY THE EMPLOYER (To be signed by the Chief Executive or HR Officers only) / UTHIBITISHO WA MWAJIRI (Ijazwe na Mtendaji Mkuu au Afisa utumishi)

I certify that/ *Ninathibitisha kwamba* LAPF Registration Number/ *mwenye Namba a LAPF/Mshahara:* has given birth to a child/ *Amejifungua mtoto* and/na maternity Benefit from LAPF.

Name of Certifying Officer/ *Jina la Afisa aliyethibitisha:*

Designation/ *Cheo*

Signature/ *Saini* Date/ *Tarehe*

Official Stamp/ *Muhuri wa Ofisi*

G: DOCUMENTS NEEDED TO SUPPORT THIS CLAIM./NYARAKA ZINAZOTAKIWA KUAMBATANISHWA

- Dully filled application form for maternity (LAPF/BEN.3); **Fomu ya LAPF/BEN.3 ya Fao la Uzazi iliyojazwa kikamilifu**
- Copy of membership Card; **Nakala ya kadi Uanachama**
- Certified Copy of Notification of birth or Birth Certificate of a child; **Tangazo la kujifungua/Nakala ya cheti cha kuzaliwa mtoto iliyothibitishwa**
- Last salary slip available during application; **Nakala ya karatasi ya mshahara karibu na wakati wa kuomba mafao**
- One Picture Passport size / **Picha moja ya Pasi ya Muombaji;**
- Certified copy of Bank Identity card / **Nakala ya kadi ya Benki ;**
- Certified copy of Maternity leave form from the employer / **Nakala ya fomu ya likizo ya Uzazi iliyothibitishwa;**
- Original clinic card of delivered mother to be returned after payment; / **Kadi halisi ya mama aliyejifungua ,itarudishiwa baada ya malipo**
- Covering letter from employer confirming that the employee delivered a child / **Barua ya mwajiri inayothibitisha kuwa mfanyakazi amejifungua salama;**
- Certified copy of clinic card of the new born child./ **Nakala kadi ya kliniki yam tot aliyezaliwa ,iliyothibitishwa**

H: CERTIFICATION BY ZONAL MANAGER/ UTHIBITISHO WA MENEJA WA KANDA

This is to certify that/**Hii ni kuthibitisha kwamba**.....has submitted benefit claims with all the supporting documents/**amewasilisha maombi ya fao la urithi likiwa na nyaraka zote zinazotakiwa**

Name/**Jina la Meneja:**

Signature/**Saini:**Office Stamp/Mhuri wa Ofisi:

Date/**Tarehe:**