

Attach Member's
photo stamped
by Employer



GEPF/ BF/02

**CLAIM FORM FOR WITHDRAWAL PER SECTION 20(1)C, 26 AND
SECTION 29 OF GEPF RETIREMENT BENEFITS FUND ACT,
2013**

GEPF RETIREMENT BENEFITS FUND		MEMBER'S PARTICULARS	
Director General GEPF Retirement Benefits Fund P.O. Box 11492 Dar es Salaam. Tel: +255 222 927 668, +255 222 927 669 Fax: +255 222 927672		Name of the Member: Address: Tel: Fax: Email:	
<p align="center">Any person who for the purpose of obtaining any benefit misrepresents, furnishes false information or fails to disclose any material fact commits an offence per section 48 of GEPF Retirement Benefits Fund Act, 2013</p>			
MEMBERSHIP RECORDS		Gender (Please Tick): 1. Male <input type="checkbox"/> 2. Female <input type="checkbox"/>	
Membership Number:		Date of Employment:	
First Name:		Date of First Contribution to GEPF:	
Middle Name:		Date of last Month Contribution:	
Surname of the Member:		Date of Resignation or Termination:	
Date of Birth:	Previous Maiden Names (If different from the above):		
Marital Status:		Permanent Address:	
National Identification Number:		Region:	
Alternative Telephone No:		District / Town:	
DECLARATION FOR DIRECT DEPOSIT			
Account Name:		Bank Name:	
Account No.		Bank Branch Name:	
Attached: Certified copy of Bank Identity Card clearly showing the Bank, Members Name and Account Number			
Employees Name:		Employees Thumb Print:	
Employees Signature:		Name of the Authorizing Officer:	
Employer's Name:		Signature of the Authorizing Officer:	
Authorizing Officer Tel No:		Date:	Official Stamp:
Attachments Required:	1. Copy of Resignation or Termination Letter 2. Surrender GEPF Membership identity card 3. Letter from the Employer Request the member to be paid withdrawal		
FOR OFFICIAL USE			
Date Claim Form Received:		Missing particulars:	
Are the details/Particulars/Attachments complete?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Person who Confirmed the details in the form:		Officer who Authorized for processing	
Name:	Date:	Name:	Date:
Signature:		Signature:	
Regional Office:			