

Attach Member's  
photo stamped  
by Employer



GEPF/ BF/01

**CLAIM FORM FOR RETIREMENT PENSION PER SECTION 26  
AND SECTION 28 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: .....	
<b>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</b>			
<b>MEMBERSHIP RECORDS</b>		Gender ( <i>Please Tick</i> ): 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 Retirement:	
Date of Birth:	Previous Maiden Names ( <i>If different from the above</i> ):		
Marital Status:		Permanent Address:	
National Identification Number:		Region:	
Alternative Telephone No:		District / Town:	
<b>DECLARATION FOR DIRECT DEPOSIT</b>			
<b>Account Name:</b>		<b>Bank Name:</b>	
<b>Account No.</b>		<b>Bank Branch Name:</b>	
<b>Attached: Certified copy of Bank Identity Card clearly showing the Bank, Members Name and Account Number</b>			
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. Original Retirement Letter 2. Letter of entering into pensionable status for Police and Prisons members 3. Retirement Benefits Request letter from the employer		
<b>FOR OFFICIAL USE</b>			
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:			