

# PPF PENSIONS FUND

Director General  
PPF Pensions Fund  
P.O. Box 72473  
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## RE: EMPLOYER REGISTRATION FORM

Name of the employer: .....

Type of employer:  Parastatal  Private  Government Agency

Any other (Specify): .....

Type of Business: .....

Physical Address (Location): Street: .....

Town: .....

Region: .....

Postal Address: .....

Telephone: ..... Fax: .....

Email: .....

Contact Person on Pension Issues: .....

Title: .....

1<sup>st</sup> Registration Date: .....

Number of Employees: .....

Month of 1st Contribution Remittance: .....

Name of your Banker: .....

Branch of your Banker: .....

### AUTHORISING OFFICER

Name: ..... Signature: .....

Title: ..... Official Stamp

Date: .....

**FOR OFFICIAL USE**

Date Registration Form Received .....

Details/Particulars of Employess correct?  Yes  No

If Not correct why? .....

Employers Registration Number:.....

Name of Authorised Officer ..... Signature .....

Date: .....