PPF MEMBERSHIP DATA FORM I

M/s _____

_____

_____

REF: _____

DATE: _____

DIRECTOR GENERAL
PARASTATAL PENSIONS FUND
P.O. Box 72473
DAR ES SALAAM

RE: PARASTATAL PENSIONS SCHEME
REQUISITION FOR MEMBERSHIP NUMBERS

We request you to issue membership number(s) in respect of our employee(s) under captioned.

S/No.	Full name of employee	Sex	Date of Birth	*Proof of Age	Date of first appointment	Date of appointment on pensionable terms	Personal File Number/ Payroll Number

* e.g. Birth Registration Certificate/School Leaving Certificate/Passport/Sworn Affidavit, etc.

REQUISITION PROCEDURE

(a) In case whereby a member has been transferred from one employer to another, the date of first appointment shall be that one under the former employer

(b) When this form was issued IT CONTAINED NO ALTERATIONS.

We confirm that the information which we have in this requisition for is COMPLETE and TRUE and shall be binding upon us (employer)

Signature and official rubber stamp of the employer _____

Date _____

NB: The requisition form must be prepared in duplicate, the original copy to be submitted to PPF and the duplicate must be retained by the employer.