

UNITED REPUBLIC OF TANZANIA
WORKERS COMPENSATION FUND (WCF)



EMPLOYER'S CONTRIBUTION FORM

Employer's particulars

Name: _____

WCF Reg No. (If available): _____

TIN Number: _____

Address: _____

Phone: _____

Email: _____

Remittance Summary

Amount (USD/TZS): _____

Payment Date: _____

Applicable Month: _____

Bank Name: _____

Remittance Method: _____

(Electronic transfer, cheque etc) _____

Employer's Authorising Officer

I hereby certify that to the best of my knowledge all particulars in this return are complete, true and correct.

Name:

Position:

Signature of employer:

Date:

(Attach list of amounts remitted for each employee. A sample list is available)