

**NATIONAL INSURANCE CORPORATION OF TANZANIA LIMITED**



P.O. BOX 9264 DAR ES SALAAM

TEL:(022)2113823/29, FAX:(022)2113403, TELEX:41146

**GROUP LIFE AND PERNSIONS DEPARTMENT**

**GRATUITY AND PENSION BENEFITS CLAIM**

We request you to process the gratuity/pension benefits as per details given hereunder:-

- 1. Name of the scheme .....
- 2. Name of the member (Full name) .....
- 3. Date of Birth.....
- 4. Date of joining service ..... (If he has been employed by more than one employer please state below the names of the employers and the Periods I which he was in their employment).  
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- 5. Date of joining the scheme .....
- 6. Membership No.....
- 7. State periods he has been on leave without pay
- 8. Date of retirement from service .....
- 9. Cause of retirement from service .....

**NOTE:**

*Copy of the documentary age proof must be attached.  
We confirm that the above particulars are true*

For and on behalf of .....

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