

UNITED REPUBLIC OF TANZANIA  
WORKERS COMPENSATION FUND (WCF)



**EMPLOYER'S CONTRIBUTION FORM**

**Employer's particulars**

Name: \_\_\_\_\_

WCF Reg. No. (If available): \_\_\_\_\_

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)