



**WORKERS COMPENSATION FUND
EMPLOYER'S PARTICULARS OF BUSINESS**

(Made under regulation 10(1))

1. Name of employer
2. WCF Reg. No.
3. Names and addresses of shareholders/partners (**provide relevant attachments**)
4. Names and addresses including physical addresses of branches of the same business operated by the employer and number of employees of each branch (**provide relevant attachments**)
5. Categories of employees

S/No.	Category of Employees based on the Contract of Employment	Number of Employees		Total
		Male	Female	
1.	Permanent (Unspecified period of time)			
2.	Temporary (Specified period of time)			
3.	Specific task			

6. Particulars of each category of employees shall be provided as an **attachment** as shown in the example below

S/No.	Particulars of Employees				
	Name	Birth date	Sex	Job title	Annual earnings (amounts)
A.	Permanent employees (Unspecified period of time)				
	John Chacha	12/9/1978	M	Electrical engineer	24,000,000
B.	Temporary employees (Specified period of time)				
	Irene George	18/4/1979	F	Assessor	36,000,000
C.	Specific Task employees				
	Magafu Manyama	23/12/1987	M	Steel Fixer	8,000,000

7. Total annual earnings of all employees
8. Mention medical service insurer (s) and mandatory or voluntary social security scheme (s) currently in place

S/No.	Provider/insurer	Service provided
1.		
2.		

9. Mention major activity (ies) of your business
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10. Registration with competent authorities required by law (Provide certified Copy of registration)

S/No.	Competent Authority	Registration Number
1.	Tanzania Revenue Authority (TRA)	
2.	Occupational Safety and Health Authority (OSHA)	
3.	BRELA	
4.	Contractors' Registration Board (CRB)	
5.	Fire and Rescue	
6.	SUMATRA	
7.	Other	

DECLARATION

I,....., declare that what I have stated herein above is true to the best of my knowledge.

Name.....

Designation.....

Signature.....

Date.....

Official Stamp of the employer