

**THE UNITED REPUBLIC OF TANZANIA
PUBLIC SERVICE SOCIAL SECURITY FUND**



MEMBER PORTAL ADMIN ACCESS FORM

Part I: Employer Details

Name of Employer:	
Sector (Industry):	
TIN Number:	Postal Address:
Business Registration Number:	Region:
Telephone Number:	District:
E-mail:	Street:

Part II: User Access Details (to be filled by the nominated user)

Note; In case Admin does not belong to the Employer in part 1 above he/she must also fill Current Employer Name.

Current Employer Name;	
Full Name:	
Designation:	
Office Telephone Number:	
Mobile Number:	
Official E-mail:	
Requested Action (Tick appropriate action)	
New User Request <input type="checkbox"/>	Existing User (e.g; change of details) <input type="checkbox"/>
Date:	
Signature:	

Part III: Employer Declaration (To be filled and stamped by Employer)

I declare that the above named nominee is an employee in our Institution/Organization and is authorized to access PSSSF Member Portal for our organization.

Full Name:.....
 Designation:.....
 Date:.....
 Signature:.....
 Official Stamp

FOR OFFICIAL USE ONLY

Date Registration Form Received:.....
 Responsible Officer's Name:
 Date:
 Signature:
 Official Stamp:

Note: The Fund will not take any responsibility in the circumstances that the employer has failed to inform the Fund timely in case there is a change regarding the above nominated employee/s.