**WCP-1**

**UNITED REPUBLIC OF TANZANIA**

**WORKERS COMPENSATION FUND (WCF)**

**EMPLOYER’S CONTRIBUTION FORM**

# Employer’s particulars

Name:

WCF Reg.

Address:

Phone:

Email:

N

o. (If availabl

e

):

# Remittance Summary

Amount (USD/TZS):

Payment D

Applicable

Bank Nam

Remittance

Electronic

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:

Method:

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ransfer, 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 o

Date:

f

 employer:

Y

our

official

S

tamp

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