**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

(

a

te:

M

onth:

e

:

Method:

t

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:

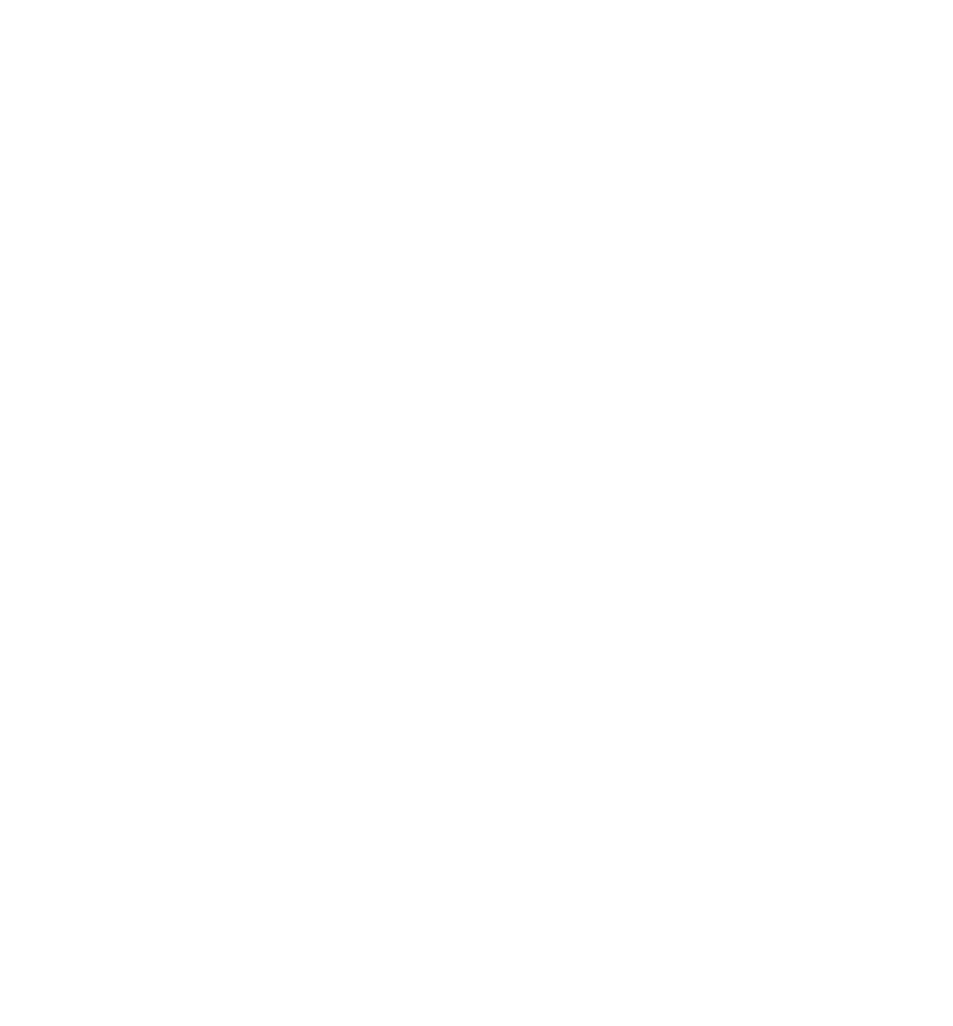
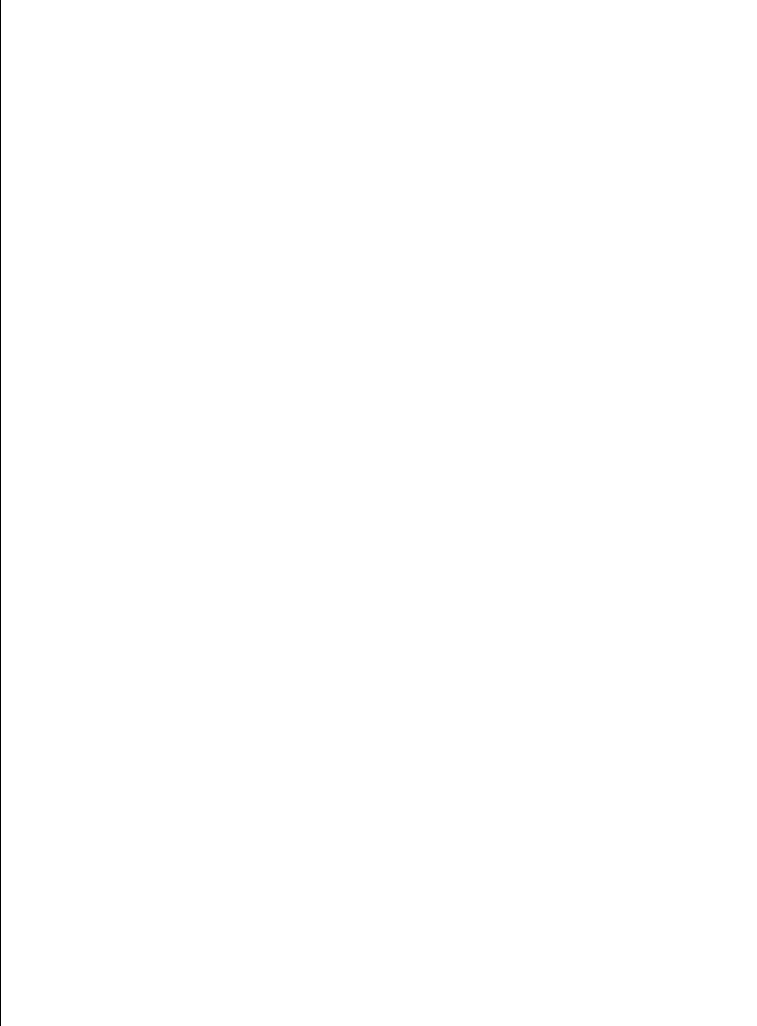
Position:

Signature o

Date:

f

employer:



Y

our

official

S

tamp



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