

EMPLOYER ONLINE ACCOUNT ACCESS REQUEST FORM

PART 1: INSTITUTIONAL DETAILS			
ZSSF Employer No.			
Employer Name			
Alternative Name			
CONTACTS			
Postal Address			
Physical Address			
Telephone		Mobile	
Official Email		Website	

PART 2: USER DETAILS											
Full Name											
Title											
Email											
Mobile	+255										
Signature ……. **Date** …….											

PART 3: AUTHORIZING PERSONNEL	
FULL NAME	
TITLE	

Declaration

I……..….. (*Director/ Accounting Officer*) of ……...…... (*institution/company)* have authorized the Individual named in **Part 2** to access and process contribution and all related information on my behalf, I do understand that, if anytime I choose to remove the individual name from accessing this online account it is my responsibility to notify ZSSF in a formal written request.

Signature…… *Official Stamp* **Date……**