



CASHBACK APPLICATION FORM

Name of applicant:

Tel. number: E-mail:

Deduction Source: CAG Bank Other source:

Staff ID/Account Number:

Monthly deduction (Gh¢):

Policy number:

Pay me through: _____ **Bank** **Mobile Money**

Name of Bank: Branch:

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Account No. /Mobile No:

Signature: Date: Time:

FOR OFFICIAL USE ONLY

- a) Has the policy attained Cash Back status? Yes No
- b) Is the policy holder current with premium payment? Yes No
- c) Are the contributions consistent for 36 months? Yes No

d) If no, state outstanding Premium Gh¢.....

e) Annual Premium: Gh¢.....

f) Amount payable (25% of 1st year Annual Premium): Gh¢.....

Comment:

Cheque No.(s):.....

Prepared by: Date:

Checked by: Date:

Approved by: Date: