



REFUND APPLICATION FORM

Name of applicant:

Deduction Source: CAG Bank: Other source:

Staff ID/Account Number: Monthly deduction (Gh¢):

Tel. number: E-mail:

Type of policy (if any):

Reasons for refund (tick where appropriate)

- a) Refund after surrender
- b) Over deduction
- c) Wrongful deduction
- d) Others

Month(s) of refund from: to:

Pay me through: **Bank** **Chit** **Chit (SMS)** **Mobile Money**

Name of Bank: Branch:

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Account No. / Mobile Money No:

Signature: Date: Time:

FOR OFFICIAL USE ONLY (Branch Officers)

Name of Claim Receiving Officer: Signature:

Branch Office: Date:

Remarks:

POLICY ADMINISTRATION USE ONLY

Amount payable: Gh¢

Comment:

Prepared by: Date:

Checked by: Date:

Approved by: Date: