## **CLOGSAG FUND**

Application Form

CLOGSAG National Headquarters: P.O. Box M336, Accra – Ghana

Tel: +233(0) 302676307/663876 Fax: +233(0) 302676307 Email: info@clogsag.org.gh

**PLACE PASSPORT PHOTO HERE** 

1.0	SCHEME AND	CONTRIBUTOR	INFORMATION
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Name of Applicant:					
Staff ID: CLOGSAG Membership #:					
ID Type: Region:					
Mobile Number: DATE OF BIRTH: DD MM YYYY					
Next of Kin:					
Mobile #: Relationship:					
1.0 ORGANIZATIONAL DETAILS					
Name of Ministry/ Dept/ Agency (MDA):					
Postal Address:					
2.0 WITHDRAWAL DETAILS					
Reason for withdrawal:					
To meet urgent need: Retirement: Medicals: No longer in service:					
Amount Required in words:					
Amount in Figures: GHS					
Type of Withdrawal: Partial Withdrawal Retirement Benefit: Refund/ Stoppage:					
3.0 BANK DETAILS					
Name of Bank:					
Account Name:					
Account Number: Branch:					
Account Number.					
Additional bank Details:					

## 4.0 DECLARATION

I certify to the best of my knowledge that the information provided herein are true and correct and that CLOGSAG FUND and Hedge Pensions Trust will not be liable for any errors or omissions that may result from the usage of the information.

Member's Signature:	Date: DD	MM	YYYY		
5.0 <u>REQUIREMENT/ ATTACHMENT</u>					
PARTIAL WITHDRAWAL  CURRENT PAYSLIP  VALID NATIONAL ID					
RETIREMENT  CURRENT PAYSLIP  OFFICIAL RETIREMENT LETTER  VALID NATIONAL ID  EVIDENCE OF BANK DETAILS {CHEQUE LEAFLET/ BANK STATEMENT}  PASSPORT PICTURE					
5.0 OFFICE USE ONLY					
Verified by:					
Department:					
Signature: Date: DD MM	YYYY				