



CIVIL AND LOCAL GOVERNMENT STAFF ASSOCIATION, GHANA (CLOGSAG)

REINSTATEMENT FORM

I	
STAFF ID:	
NAME OF ORGANISATION:	
have agreed to be reinstated onto	o the Clogsag Fund.
Thank you.	
SIGNATURE/ THUMB PRINT:	
PHONE NUMBER:	
DATE:	
OFFICIAL USE ONLY:	
WITNESSED BY:	
DATE:	
SIGNATURE:	
DEPARTMENT:	