

FUND WITHDRAWAL/CLAIM FORM

Please complete this form in BLOCK LETTERS. Kindly send a copy of this form to customerservice@gentrustgh.com or deliver a hard copy to the GENTRUST office at #141/21 Saflo Link, Abelemkpe, and Accra. Attach a copy of your National ID Card

MEMBERS'S DETAILS	
Member's Full Name	
Name of Company	
Date of Birth (DD/MM/YYYY)	
SSNIT Number	
ID Type: <input type="text"/>	ID Number: <input type="text"/>
Date of Last Contribution	
Date of Last Withdrawal	
Last Date of Employment	
Reason for Leaving Employment	
Type of Withdrawal	1.Full/100% Withdrawal <input type="checkbox"/> 2. Partial Withdrawal <input type="checkbox"/> Amount <input type="text"/> GHS
Full Postal/Email Address	
Contact Number	
Bank Details	
Name of Bank;	<input type="text"/>
Accounts No.,	<input type="text"/>
Account Name	<input type="text"/>
Branch	<input type="text"/>

Member's Signature

Date

HR/ADMIN MANAGER VERIFICATION

Date of joining scheme	
Employer's Scheme Code	
Please indicate whether tax was before or after deduction.	
Last Day of Employment	
Reason for leaving if different from above	

I certify that the above contributions have been included in the regular monthly remittances. I further certify that the above information is correct and have the mandate to approve payment.

Name

Signature

Date