



CCT FUND WITHDRAWAL FORM

MEMBER NAME :

FUND ID :

REGION:

EMPLOYER:

STAFF ID:

TEL:

SCHEME

WITHDRAWAL DETAILS:

AMOUNT TO BE
WITHDRAWN

GHC:

REASON FOR
WITHDRAWING

MULTIPLE DEDUCTION RESIGNATION RETIREMENT

REFUND OTHER

BANKING DETAILS:

BANK:

BRANCH:

ACCOUNT NAME:

ACCOUNT NO:

DECLARATION

I certify that to the best of my knowledge and belief, the statements made in this form are correct and complete. I authorize the Administrator of the scheme to act on this instruction and pay my benefits to the bank account details given above.

.....
MEMBER SIGNATURE

.....
DISTRICT/REGIONAL EXECUTIVE
NAME & SIGNATURE

.....
DATE

.....
DATE

OFFICE USE ONLY:

.....
VERIFIED BY

.....
SIGNATURE

DD / MM / YYYY
.....
DATE

.....
ADMINISTRATOR

.....
SIGNATURE

DD / MM / YYYY
.....
DATE