

**UNIVERSITY OF GHANA SENIOR STAFF  
PROVIDENT FUND  
APPLICATION FORM**

**PERSONAL PARTICULARS**

FULL NAME : ..... FILE # : .....

DEPARTMENT:..... TEL:..... HOUSE#:.....

DATE OF BIRTH : ..... SEX : MALE [ ] FEMALE [ ]

HOME TOWN : ..... REGION : .....

DATE OF JOINING THE FUND: .....

NEXT OF KIN : ..... CONTACT : .....

**IN CASE OF EMERGENCY PLEASE CONTACT THE PERSON BELOW:**

FULL NAME : ..... TELEPHONE # : .....

ADDRESS : .....

PLACE OF RESIDENCE:..... HOUSE # : .....

**TO THE DIRECTOR OF FINANCE**

I, THE UNDERSIGNED:..... FILE #: .....

OF..... COLLEGE/DEPT. DO AUTHORISE THE  
DEDUCTION OF TEN PER CENT(10%) OF MY MONTHLY SALARY AND PAYMENT INTO THE  
SENIOR STAFF PROVIDENT FUND

SIGNATURE OF APPLICANT:..... DATE:.....

**FOR OFFICE USE ONLY**

DATE ADMITTED INTO THE FUND:.....

DATE OF FINAL WITHDRAWAL FROM THE FUND: .....

APPROVED BY CHAIRMAN:..... DATE:.....

APPROVED BY SECRETARY:..... DATE:.....

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