

**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:
