**UNIVERSITY OF GHANA**

**APPLICATION FORM FOR FLEXIBLE FEE-PAYMENT**

 **[Staff Information]**

Staff No.: Name:

Dept./Inst./Sch./College/Unit:

Status: Appointment:

**[If facility is for staff]**

Programme: Level:

Student ID No.: Hall of Affiliation:

Fees: Monthly deduction: No. of months:

**[Registered Dependant Information]**

Name: Index No.:

Programme: Level: Hall:

Gender: Relationship: Date of Birth:

Fees: Monthly deduction: No. of months:

**UNDERTAKING**

I hereby authorize the deduction from my salary the monthly installment of……………………………………

and credit the **Staff Loans Control Account** each month commencing on …………………………………… and continue making such payments until the total sum of ……………………………….. has been paid.

Applicant’s signature…………………………………………….. Date:………………………………………..

**OFFICIAL USE**

 Approved Declined

………………………………………..…………… …………………………………..............

 Name of approving officer Signature