



TEACHERS FUND OF GNAT

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Email: info@teachersfund.org.gh
Web: www.teachersfund.org.gh

Affix 1 Passport
Size Photograph
of Next of Kin

GROUP SOLIDARITY SCHEME CLAIM FORM

DETAILS OF DECEASED:

Name: _____ Age: _____

Staff ID: _____ Fund ID: _____

Request Date: _____ District: _____

Region: _____ School: _____

Name of Person Reporting Death: _____

Relationship to Deceased: _____ Date of Death: _____

Next of Kin: _____

Cause of Death: _____

Was Deceased Hospitalized? *Please Tick* Yes No If Yes, complete the following:

Name of Hospital: _____

Attendant Doctor: _____

NB: Attach Clear Photocopy of Death Certificate of Deceased

Did Deceased Leave any Valid Will? *Please Tick* Yes No

Name(s) & Address(es) of Executor(s): _____

FOR OFFICE USE ONLY:

Death Benefit: GH¢ _____

Comments: _____

Processed by (Signature): _____ Date: _____

Approved by (Signature): _____ Date: _____