



TEACHERS FUND OF GNAT

P.O.BOX CT 5363, Cantonments, Accra
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Fax: 0302 234738
Email: info@teachersfund.org.gh
Web: www.teachersfund.org.gh

WRONGFUL LOAN REPAYMENT
REFUND REQUEST FORM

Name:
Staff ID: Fund ID:
Telephone: Request Date:
District: Region:

Loan Type (please Tick): Personal Habitat Investment Vehicle

Recent Loan(s): 1: Amount GH¢:
2: Amount GH¢:

Start Month of Deduction: Monthly Amount Deducted:
No. of Months Deducted: Total Amount Deducted:

Signature: Please Tick if deduction is inconsistent

Please attach photocopies of relevant pay slips

DISTRICT SECRETARY'S COMMENTS:
.....
.....

Name: Signature & Stamp:

FOR OFFICE USE ONLY:

Total Amount to Be Refunded: GH ¢

Comments:
.....

Processed By: Date:

Approved By: Date: