



TEACHERS FUND OF GNAT

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WRONGFUL LOAN REPAYMENT REFUND REQUEST FORM (CALL-IN)

Name:

Staff ID:

Fund ID:

Telephone:

Request Date:

District:

Region:

Recent Loan(s): 1: Amount GH¢:

 2: Amount GH¢:

Start Month of Deduction: Monthly Amount Deducted:

No. of Months Deducted: Total Amount Deducted:

Recorded By:

Name: Unit/Dept.:

Signature: Date:

Total Amount to Be Refunded: GH¢.....

Comments:

Processed By: Date:

Approved By: Date: