SIC LIFE COMPANY LIMITED
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REFUND APPLICATION FORM

Name of applicant: …….…….

Deduction Source: CAG ☐ Bank: …….…. Other source: ……

Staff ID/Payroll/Account Number: …….. Monthly deduction (Ghȼ): ……..

Tel. number: ……..….E-mail: ……..….

Type of Policy (if any): ……Policy number…….

Reasons for refund (*tick where appropriate*): i) Refund after surrender ☐ ii) Refund after maturity ☐
iii) Over deduction ☐ iv) Wrongful/unlawful/unnumbered deduction ☐
v) Refund of double deduction ☐ d) Others …….……

Month(s) of refund, from: ……..To: ……Amount GHȼ……...…..…

Modes of payment: **Bank** ☐ **Cheque** ☐ **Cash** ☐

Name of Bank: ..... Branch: .....

Account Name: …….....

Account Number:

Signature: ……. Date: ……Time: ……

FOR OFFICIAL USE ONLY (CUSTOMER SERVICE OFFICER)

Name of Receiving Officer: ..... Signature: .....

Branch Office: ..... Date: .....

Remarks: .....

POLICY ADMINISTRATION USE ONLY

Amount payable: Ghȼ ……

Refund Period…….

Prepared by: …… Date: ……

Approved by: …… Date: ……

ACKNOWLEDGMENT BY RECIPIENT

I have receive cash/cheque no…… Date: …… amount:…….

Claimant Name and Signature……Open Cheque……..