

GHANA REGISTERED NURSES AND MIDWIVES' ASSOCIATION

RETIREMENT BENEFIT APPLICATION FORM

APPLICANT'S DETAILS

SURNAME:

FIRST NAME: **OTHER NAME:**

SEX: Male Female

STAFF NUMBER:.....**YEAR OF FIRST APPOINTMENT:**.....

EMAIL ADDRESS:**MOBILE/TELEPHONE NO.**.....

LAST PLACE OF WORK:

DISTRICT: **REGION:**

BENEFIT APPLYING FOR:

Retirement Benefit Nurses Fund

YOUR BANK DETAILS

Account Name:..... Account Number:

Name of Bank: Branch:.....

DECLARATION:

I certify that the information provided is valid.

Signature:..... Date:

FOR OFFICE USE ONLY:

DISTRICT EXECUTIVE

Name/Position: Signature:

Date:

REGIONAL EXECUTIVE

I certify the claim and therefore recommend for payment.

RECEIVED BY:

Name of Officer: Position:

Signature: Date:.....

NB: KINDLY ATTACH THE FOLLOWING DOCUMENTS:

1. Photocopy of retirement letter 2. Photocopy of latest Pay slip
3. Photocopy of Bank Cheque/Saving withdrawal leaflet

**FOR PERSONS APPLYING FOR A REFUND OF THE NURSES FUND DEDUCTIONS, KINDLY
ATTACH THE FOLLOWING DOCUMENTS**

1. Two Payslips
 - I. One bearing GRNMA Nurses Fund Deductions
 - II. Another bearing UPNMG deduction.
2. Application letter for refund of Nurses Fund
3. A copy of your bank withdrawal leaflet (Not signed).

**PLEASE DO NOT ATTACH THIS SHEET WHEN
SUBMITTING THE FILLED FORM TO THE GRNMA
EXECUTIVES**