



UNION OF PROFESSIONAL NURSES AND MIDWIVES, GHANA
(UPNMG)

UPNMG FUND INCREMENT FORM

Date:

Name (As appears on payslip):

Date of birth:

Staff ID:

Name of facility:

Phone Number:

Next of Kin:

Mandate number:

National ID (Indicate type)

National ID Number

Current contribution (Amount in Ghana Cedis):

Requested Increment (Amount in Ghana Cedis):

I request for my UPNMG FUND Contribution amount to be increased from.....to
.....

Sign:

NOTE

1. Please attach a copy of your recent payslip
2. Photocopy of ID card
3. One recent passport picture

