



# SOUND EDUCATION CLAIM FORM

Date:

## **POLICY HOLDER DETAILS**

Name:

Email:

Policy No:

Telephone:

## **REQUEST DETAILS**

Maturity:

Surrender:

Partial withdrawal:

Refund:

Reason for Surrender/Partial withdrawal/Refund:

Type of ID:

Voter ID:

Passport:

National ID:

Driver's license :

ID No:

## **ACCOUNT DETAILS**

Bank Name:

Account Number:

Bank Branch:

Type:  Current

Saving

Signature: \_\_\_\_\_

Date:

## **OFFICE USE ONLY**

Amount Available:

Processed Date:

Handled by:

Authorized by:

Comments:

### Cheque Receipt Declaration

I  received my cheque with cheque number

An amount of Ghs  on  Signature: .....