



GLICO LIFE INSURANCE CO. LTD, P.O. BOX 4251, ACCRA
TEL: 0302-246140/0302 670 335

REQUEST FOR CASH –IN-OPTION/PARTIAL WITHDRAWAL

I hereby apply for
Cash-In-Option/Partial Withdrawal under my Policy No:.....
Staff No:..... Percentage/Amount Required (not more than 80%).....
Address:.....
Contact No:..... E-mail:.....
Bank:.....
Branch Name:.....
Sort/Branch Code:.....
Bank Account Number:.....
Account Name:.....
Signature:.....

FOR OFFICE USE ONLY

Date Received:..... Date to Return:.....
Plan of Assurance:..... Age at Issue:.....
Start Date:..... Policy Status:.....
Sum Assured/Investment: GH¢.....
Percentage (payable) Due: GH¢.....
Less Outstanding loan/Interest: GH¢.....
Net Amount Payable:..... GH¢:.....
Checked by:..... Approved by:.....
Cheque No:..... Cheque Amount GH¢.....