



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

APPLICATION FOR REFUND/DEDUCTION OF PREMIUM

FOR OFFICE USE ONLY

Payee's Name: Policy No:.....

Payroll & Staff No:..... Date:.....

Amount Deducted:.....

Actual Difference to be Refunded:.....

Narration:.....

.....

Last refund period:.....

Requested by:.....

Checked by:.....

Claims Manager's Approval

Managing Director's Approval for Payment



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APPLICATION FOR REFUND
TO BE COMPLETED BY THE APPLICANT

Payroll Number:..... Occupation:.....

Staff/Regimental Number:..... Address:.....

.....

Contact Number:..... E-mail:.....

I.....with the above particulars wish
to apply for refund of Premium/Money in respect of Over-Deduction/Withdrawal/Wrongful Deduction,
From..... to

Bank:.....

Branch Name:.....

Sort/Branch Code:.....

Bank Account Number:.....

Account Name:.....

DECLARATION

I declare that the above answers are true and correct.

Signature:.....

Date:.....