

(Please check all boxes that apply and fill in new information to change your records)

CLIENT NAME

CHANGE OF NAME

Old Name

New Name

CHANGE OF ADDRESS AND CONTACT NUMBER

Old Address

New Address

Old Telephone No.

New Telephone No.

CHANGE IN CONTRIBUTION

Current Contribution GH¢

Amount to be contributed GH¢

CHANGE OF BENEFICIARIES

New Beneficiaries

Name	Relationship	Age	Percentage

Effective Date ____ / ____ / ____

Staff No

Signature _____ Date ____ / ____ / ____

FOR OFFICIAL USE ONLY

Approved by _____

Signature _____ Date _____