

COUNCIL FOR SCIENTIFIC AND INDUSTRIAL RESEARCH

PROVIDENT CARHOUSE LOAN

| • | FED BY APPLICANT) Attached Current Pay-Slip, Mandate Form, Mandate pin, A Passporver's License /Ghana Card/Passport) | | | | | | | | |
|------------------------------------|--|--|--|--|--|--|--|--|--|
| NAME: | CAGD ID: MOBILE NO: | | | | | | | | |
| INSTITUTE: DESIGNATION: | | | | | | | | | |
| AMOUNT REQUIRED: | LOAN PERIOD (Maximum of 84 Months) | | | | | | | | |
| DATE OF BIRTH: | DATE JOINED SCHEME: | | | | | | | | |
| SIGNATURE: | DATE: | | | | | | | | |
| DO YOU OWE ANY OF THESE I | OANS? (PLEASE TICK) | | | | | | | | |
| Carhouse | PCC others (specify) | | | | | | | | |
| INSURANCE COVER (No Guarar | ntors Required) | | | | | | | | |
| Loans Granted by the Provident loa | ans scheme will attract a premium of 0.375% or (0.00375) PA | | | | | | | | |
| The Insurance will cover incidence | of death and Permanent Disability. | | | | | | | | |
| SIGNATURE OF INSTITUTE DII | RECTOR DATE: | | | | | | | | |
| (SECTION B: TO BE COMPLETI | ED BY SUPERANNUATION DIVISION) | | | | | | | | |
| DATE APPLICANT JOINED PRO | OVIDENT SCHEME: | | | | | | | | |
| NET TO GROSS SALARY% | HE/SHE IS ENTITLED TO | | | | | | | | |
| AMOUNT GRANTED | TOTAL INTEREST | | | | | | | | |
| INSURANCE | Net Amount Refundable | | | | | | | | |
| LOAN PERIOD | MONTHLY INSTALMENT | | | | | | | | |
| DATE OF 1 ST INSTALMENT | DATE OF LAST INSTALMENT | | | | | | | | |
| HEAD OF SUPERANNUATION | DATE | | | | | | | | |
| (SECTION C: PAYMENT AUTHO | DRISATION BY DIRECTOR OF FINANCE) | | | | | | | | |
| DIRECTOR OF FINANCE | DATE: | | | | | | | | |
| (SECTION D: PAYMENT VERIF | ICATION BY DIRECTOR OF AUDIT) | | | | | | | | |
| SIGNATURE OF DIRECTOR OF | INTERNAL AUDIT: | | | | | | | | |



COUNCIL FOR SCIENTIFIC AND INDUSTRIAL RESEARCH

PROVIDENT COMBO LOAN

(SECTION A: TO BE COMPLETED BY APPLICANT) Attached Current Pay-Slip, Mandate Form, Mandate pin, A Passport picture and a copy of valid ID (Driver's License /Ghana Card/Passport)

| NAME:MOBILE NO: |
|--|
| INSTITUTE: DESIGNATION: |
| AMOUNT REQUIRED:LOAN PERIOD (Maximum of 60 Months) |
| DATE OF BIRTH: DATE JOINED SCHEME: |
| SIGNATURE: DATE: |
| DO YOU OWE ANY OF THESE LOANS? (PLEASE TICK) |
| Carhouse Combo PCC others (specify) |
| INSURANCE COVER (No Guarantors Required) |
| Loans Granted by the Provident loans scheme will attract a premium of 0.375% or (0.00375) PA |
| The Insurance will cover incidence of death and Permanent Disability. |
| SIGNATURE OF INSTITUTE DIRECTOR DATE: |
| (SECTION B: TO BE COMPLETED BY SUPERANNUATION DIVISION) |
| DATE APPLICANT JOINED PROVIDENT SCHEME: |
| NET TO GROSS SALARY% HE/SHE IS ENTITLED TO |
| AMOUNT GRANTED TOTAL INTEREST |
| INSURANCE Net Amount Refundable |
| LOAN PERIOD MONTHLY INSTALMENT |
| DATE OF 1 ST INSTALMENT DATE OF LAST INSTALMENT |
| HEAD OF SUPERANNUATION DATE |
| (SECTION C: PAYMENT AUTHORISATION BY DIRECTOR OF FINANCE) |
| DIRECTOR OF FINANCE |
| (SECTION D: PAYMENT VERIFICATION BY DIRECTOR OF AUDIT) |
| SIGNATURE OF DIRECTOR OF INTERNAL AUDIT: |

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COUNCIL FOR SCIENTIFIC AND INDUSTRIAL RESEARCH

SUPER-ALL PURPOSE LOAN

FOR SUPERANNUATED STAFF

| • | | | LICANT) Attached Curren License /Ghana Card/Passpo | t Pay-Slip, Mandate Form, Mandate pin, A | | | | | | |
|------------------------------------|------------------|---------------------|---|--|--|--|--|--|--|--|
| NAME: | | CA | AGD ID | Mobile: | | | | | | |
| INSTITUTE: DESIGNATION: | | | | | | | | | | |
| AMOUNT REQ | UIRED: | LOA | N PERIOD (maximum of 48 | 3 months): | | | | | | |
| DATE OF BIRTH: DATE JOINED SCHEME: | | | | | | | | | | |
| SIGNATURE: | ••••• | DATE: | | | | | | | | |
| DO YOU OWE A | ANY OF THES | E LOANS? (PLEA | ASE TICK) | | | | | | | |
| Carhouse | Combo | PCC | Others (specify | y) | | | | | | |
| INSURANCE CO | OVER (No Gua | rantors Required) | | | | | | | | |
| Loans Granted b | y the Superann | nuated Loans schen | ne will attract a premium of | 0.375% or (0.00375) P.A | | | | | | |
| The Insurance w | ill cover incide | nce of death and Pe | ermanent disability. | | | | | | | |
| SIGNATURE O | F INSTITUTE | DIRECTOR | D | ATE: | | | | | | |
| (SECTION B: TO | O BE COMPLI | ETED BY SUPERA | ANNUATION DIVISION) | | | | | | | |
| DATE APPLICA | ANT JOINED S | SUPERANNUATIO | ON SCHEME: | | | | | | | |
| NET TO GROSS | S SALARY% | ••••• | HE/SHE IS ENTIT | TLED TO | | | | | | |
| AMOUNT GRA | NTED | ••••• | TOTAL INTERES | ST | | | | | | |
| INSURANCE | | NET A | MOUNT REFUNDABLE | | | | | | | |
| LOAN PERIOD | | MONTI | HLY INSTALMENT | | | | | | | |
| DATE OF 1 ST IN | ISTALMENT | | DATE OF LAST INSTA | LMENT | | | | | | |
| HEAD OF SUPE | ERANNUATIO | N | | DATE: | | | | | | |
| (SECTION C: PA | AYMENT AUT | THORISATION BY | Y DIRECTOR OF FINANC | E) | | | | | | |
| DIRECTOR OF | FINANCE | ••••• | DATE | | | | | | | |
| (SECTION D: PA | AYMENT VER | RIFICATION BY D | DIRECTOR OF AUDIT) | | | | | | | |
| SIGNATURE O | F DIRECTOR | OF INTERNAL AI | UDIT: | DATE:: | | | | | | |



COUNCIL FOR SCIENTIFIC AND INDUSTRIAL RESEARCH

PROVIDENT FUND PARTIAL WITHDRAWAL FORM

| (SECTION A: TO BE COMPLETED BY | APPLICANT) |
|----------------------------------|-------------------------------|
| NAME:: | CAGD ID:MOBILE NO: |
| INSTITUTE: | DESIGNATION: |
| AMOUNT REQUIRED (%) | |
| DATE OF BIRTH: | DATE JOINED SCHEME: |
| SIGNATURE: | DATE: |
| DO YOU OWE ANY OF THESE LOANS | S? (PLEASE TICK) |
| Carhouse Combo PC | others (specify) |
| SIGNATURE OF INSTITUTE DIRECTO | R DATE |
| (SECTION B: TO BE COMPLETED BY | SUPERANNUATION DIVISION) |
| DATE APPLICANT JOINED PROVIDE | NT SCHEME: |
| TOTAL WORTH: | INDEBTEDNESS: |
| NET WORTH: | AMOUNT GRANTED: |
| HEAD OF SUPERANNUATION: | DATE: |
| (SECTION C: PAYMENT AUTHOURIS | ATION BY DIRECTOR OF FINANCE) |
| DIRECTOR OF FINANCE: | DATE: |
| (SECTION D: PAYMENT VERIFICATION | ON BY DIRECTOR OF AUDIT) |
| SIGNATURE OF DIRECTOR OF INTER | NAL AUDIT:DATE:DATE: |

TERMS AND CONDITIONS

- (i) A member who has contributed to the scheme for at least (10) years may upon request withdraw forty percent (40%) of his/her net worth in the scheme
- (ii) A further forty-percent (40%) of net worth may on request by a member be withdrawn at age 55 and above, at least five (5) years after the provision in (i) has been exercised; and
- (iii) Members who withdrew 30% at age 55 under the old policy, may request for a top-up of 10% of their net worth.