



COUNCIL FOR SCIENTIFIC AND INDUSTRIAL RESEARCH

PROVIDENT CARHOUSE 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:.....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 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 1ST INSTALMENT DATE OF LAST INSTALMENT

HEAD OF SUPERANNUATION DATE

(SECTION C: PAYMENT AUTHORISATION BY DIRECTOR OF FINANCE)

DIRECTOR OF FINANCE DATE:

(SECTION D: PAYMENT VERIFICATION BY DIRECTOR OF AUDIT)

SIGNATURE OF DIRECTOR OF INTERNAL AUDIT:..... DATE:



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:.....CAGD ID:..... 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 1ST INSTALMENT DATE OF LAST INSTALMENT

HEAD OF SUPERANNUATION DATE

(SECTION C: PAYMENT AUTHORISATION BY DIRECTOR OF FINANCE)

DIRECTOR OF FINANCE DATE:

(SECTION D: PAYMENT VERIFICATION BY DIRECTOR OF AUDIT)

SIGNATURE OF DIRECTOR OF INTERNAL AUDIT:..... DATE:



COUNCIL FOR SCIENTIFIC AND INDUSTRIAL RESEARCH

**SUPER-ALL PURPOSE LOAN
FOR SUPERANNUATED STAFF**

(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:.....CAGD ID Mobile:

INSTITUTE:.....DESIGNATION:

AMOUNT REQUIRED:..... LOAN PERIOD (maximum of 48 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 Superannuated Loans scheme will attract a premium of 0.375% or (0.00375) P.A

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 SUPERANNUATION SCHEME:.....

NET TO GROSS SALARY%..... HE/SHE IS ENTITLED TO

AMOUNT GRANTED.....TOTAL INTEREST.....

INSURANCE.....NET AMOUNT REFUNDABLE.....

LOAN PERIOD..... MONTHLY INSTALMENT.....

DATE OF 1ST INSTALMENT.....DATE OF LAST INSTALMENT.....

HEAD OF SUPERANNUATION..... DATE:

(SECTION C: PAYMENT AUTHORISATION BY DIRECTOR OF FINANCE)

DIRECTOR OF FINANCE..... DATE

(SECTION D: PAYMENT VERIFICATION BY DIRECTOR OF AUDIT)

SIGNATURE OF DIRECTOR OF INTERNAL AUDIT:..... 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? (PLEASE TICK)

Carhouse Combo PCC others (specify)

SIGNATURE OF INSTITUTE DIRECTOR..... DATE.....

(SECTION B: TO BE COMPLETED BY SUPERANNUATION DIVISION)

DATE APPLICANT JOINED PROVIDENT SCHEME:.....

TOTAL WORTH: INDEBTEDNESS:.....

NET WORTH: AMOUNT GRANTED:

HEAD OF SUPERANNUATION: DATE:

(SECTION C: PAYMENT AUTHOURISATION BY DIRECTOR OF FINANCE)

DIRECTOR OF FINANCE: DATE:.....

(SECTION D: PAYMENT VERIFICATION BY DIRECTOR OF AUDIT)

SIGNATURE OF DIRECTOR OF INTERNAL AUDIT:.....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.

