

NATIONAL ASSOCIATION OF GRADUATE TEACHERS

NAGRAT GREATER ACCRA
FUND / WELFARE SCHEME
APPLICATION FOR WELFARE BENEFITS



Employee ID: _____

TYPE OF BENEFIT: Please tick

(a) Retirement (b) Death of Member (c) Death of Spouse/Child/Parent

(d) Marriage (e) Hospitalize (a) Child Birth

Date of Retirement / Death: _____

Name of Beneficiary: _____

Telephone Number: _____

Address of Beneficiary _____

Relationship: _____

Sign: _____ Date: _____

Regional Chairman's Comment: _____

Name: _____

Sign: _____

Date: _____

Amount Payable: _____

Amount Paid: _____

Cheque No: _____

Date of Issue: _____