

Please complete this form in BLOCK LETTERS. Kindly send a copy of this form to info@psweeps.gov.gh/support@psweeps.gov.gh or deliver a hard copy to the PSWEPS office on the Mezzanine Floor, NDK Building, 28th February Rd, Christianborg Osu, Accra

MEMBER DETAILS			
Member's Full Name			
Name of Institution			
Date of Birth (DD/MM/YYYY)			
Hometown:		Region:	
SSNIT Number			
Staff ID			
ID Type:		ID Number:	
Date of First Contribution			
Last Date of Employment			
Reason for Claim	<input type="checkbox"/> Mandatory Retirement	<input type="checkbox"/> Voluntary Retirement	<input type="checkbox"/> Others _____
Full Postal /Email Address/ GPS Address (Any of the above)			
Contact Number(s)			
Bank Details			
Name of Bank			
Account Name			
Account No.			
Branch			

Signature _____

Date _____

INSTITUTION HR/ ADMIN MANAGER VERIFICATION

Date of Joining Scheme			
Employer's Scheme Code			
Last Day of Employment			
Reason for Leaving	<input type="checkbox"/> Mandatory Retirement	<input type="checkbox"/> Voluntary Retirement	<input type="checkbox"/> Others _____

I certify that the above information is correct and have the mandate to approve payment.

Name	Position	Signature and Stamp	Date
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GENERAL REQUIREMENTS

- A completely filled **PSWEPS** withdrawal form. (Make sure your account details are stated clearly).
- A front and back copy of Ghana (ECOWAS) Card should be attached
- The form should be signed by your employer/HR.
- A copy of retirement letter.
- Copies of last three (3) payslips.
- Attach a copy of your SSNIT Payment Advice/Statements
- A copy of cheque leaf/ bank statement.