

BRANCH:



REFUND FORM

I..... **COLLINS ADU-BEMPAH BROBBEY**..... do hereby make this application for refund.

Policy /Proposal No..... **0101PEP018386**.....

Address: **GM-180-8083**..... Tel. no. **0243329438 / 0277536802**.....

Email... **cabbrobbeay@gmail.com**..... TIN.....

Bank Name..... **ECOBANK**..... Account Number. **1441000154506**.....

Worksite..... Staff no.....

ID type.... **NATIONAL ID**..... ID no.... **GHA-000309974-6**.....

Signature..... Date..... **17/12/2025**

REFUND TYPE:

Wrongful deduction Over deduction Deduction after cancellation/surrender

Other.....

CLAIM PAYMENT OPTIONS:

BANK DETAILS **MOBILE MONEY**

Bank name:..... **ECOBANK**.....

Account no....**1441000154506**..... Bank branch.... **LEGON**.....

Mobile account name:..... **COLINS ADU-BEMPAH BROBBEY**.....

Telco:..... Wallet number:.....

DISCLAIMER

Oldmutual Life shall not be held liable for wrong account provided resulting in non-payment of claim.

OLDMUTUAL USE ONLY

Deduction date: From..... To.....

Net Payment Gh¢..... Claim number.....

Processed by: Signature:

Approved by: Signature: