



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: cabbrobbey@gmail.com .....TIN.....

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

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

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

Signature.....[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: .....