

HIGHWAY MUTUAL SAVINGS ASSOCIATION LBG

GHANA HIGHWAY AUTHORITY

DATE..... /..... /2024

INTEREST CLAIM FORM

RETIREES ONLY

NAME: STAFF ID: HMSA NO:

RANK: TEL: REGION:

APPLICANT'S SIGNATURE:

HMSA COORDINATOR'S COMMENTS:

.....

.....

GHC

OFFICE USE ONLY:

INTEREST AMOUNT (2021):

AMOUNT PAYABLE: GHC:

(2022):

PAYMENT VOUCHER NO.:

CHEQUE AMOUNT:

FUND MANAGER:

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