

ASHANTI CATHOLIC SCHOOLS TEACHERS' CO-OPERATIVE AND MUTUAL SUPPORT SOCIETY

LIMITED - (ACTCOMSS LTD)

(OFFICE USE) MEMBERSHIP NO. -----

A. PERSONAL DATA

Full Name.....
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Staff No: Date of Birth.....
Telephone No: Gender (Tick) M.....
F.....
Date Registered (Month/Year)..... Marital Status (tick) M.....
S.....

Address: House No:
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..... Email address:
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B. BENEFICIARIES

In the event of my death I desire that my entire savings and dividends be paid to the below name person(s)

NAMES	RELATIONSHIP	TELEPHONE
PERCENTAGE (%)		
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