



ASHANTI REGIONAL ISLAMIC UNIT TEACHERS AND EDUCATIONAL WORKERS SUPPORT SCHEME

(ARITEWSS)

P.O. Box A.O 65 Aboabo, Kumasi

E-mail: aritewss_ksi@yahoo.com

PARTIAL WITHDRAWAL FORM

REFERENCE NUMBER:

DATE:

a. PERSONAL DATA

- APPLICANT'S NAME:
- STAFF ID:
- ARITEWSS ACCOUNT NUMBER:
- DATE JOINED THE SCHEME:
- CONTACT NUMBER:

b. SCHEME'S INFORMATION

- TOTAL CONTRIBUTION AS AT TODAY:
- 20% OF CONTRIBUTION:
- NEXT WITHDRAWAL DATE:

c. approval

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Scheme Manager

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Board Chairman