JUDICIAL SERVICE STAFF ASSOCIATION OF GHANA (JUSAG)
WELFARE FUND

PERSONAL PARTICULARS FORM

NAME OF MEMBER.....

STATUS/POSITION.....STAFF ID.....

PRESENT STATION:.....

CONTACT NO:.....

RESIDENTIAL ADDRESS:.....

EMAIL::.....

NAME(S) SPOUSE(S).....

DATE OF FIRST APPOINTMENT.....

BANK DETAILS: BANK:.....

ACCOUNT NO:.....

BRANCH:.....

NAMES OF BENEFICIARIES	**RELATIONSHIP**	**PERCENTAGE DUE BENEFICIARY (%)**
1.	.....	.....
2.	.....	.....
3.	.....	.....
4.	.....	.....
5.	.....	.....
6.	.....	.....

NAME OF NEXT OF KIN.....CONTACT NO:.....

SIGNATURE..... DATE.....