

HIGHWAY MUTUAL SAVINGS ASSOCIATION LBG

GHANA HIGHWAY AUTHORITY

DATE..... /..... /2025

INTEREST CLAIM FORM

RETIREES ONLY

NAME:

STAFF ID: HMSA NO:

RANK:

TEL: REGION:

APPLICANT'S SIGNATURE:

HMSA COORDINATOR'S COMMENTS:

.....

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GHC

OFFICE USE ONLY:

INTEREST AMOUNT (2024):

AMOUNT PAYABLE (100%): GHC:

PAYMENT VOUCHER NO.:

CHEQUE AMOUNT:

FUND MANAGER:

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