



JSOPS – DEATH CLAIM FORM

SECTION I - DETAILS OF THE CLAIMANT(S)

No.	Name	Date of Birth	Contact No.	Residential Address	Email	Relationship to Deceased	Signature
1							
2							
3							
4							
5							

SECTION II - DETAILS OF DECEASED

Name:		Date of Birth		SSNIT No.:		Staff ID.:	
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Employer Name	
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Scheme Name:	
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Supreme Court Building

Prof Atta Mills Street
P.O Box GP 119, Accra

Tel: 0302-631-343
e-mail: secretaryjusag@yahoo.com

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SECTION III - PAYMENT DETAILS

Please note:

Ensure that the bank account details supplied are correct. Payment is done only through Electronic transfer.

No.	Account Name	Account Number	Bank	Branch	I.D Type	Valid I.D No.
1						
2						
3						
4						
5						

Authorized By: (Official Use Only)	
Signature	