NATIONAL ASSEMBLY SERVICE COMMISSION STAFF NON-INTEREST COOPERATIVE SOCIETY

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NASCS NICS 11

WRONG DEDUCTION CLAIM FORM

- **PERSONAL DETAILS**

1.Name_____

Surname ***Middle Name*** ***First Name***

2. File Number_____ 3. Date of Birth_____

4. Department_____ 5. Sex_____6. Marital Status_____

7. Account No._____ Bank Name_____

_____Branch_____

8. Mobile Phone No._____9. Email_____

- **CONTRIBUTION HISTORY**

10. Monthly Contribution

i. Savings Accounts_____

ii. Investment Accounts_____

iii. Target Accounts_____

11. Total Contribution_____

- **REFUND CLAIM INFORMATION**

i. Reasons for refund_____

_____

ii. Amount to be refunded_____

iii. Any outstanding Loan in word_____

_____

iv. Amount in figure ₦_____

_____

v. Applicant's Signature_____ Date_____

OFFICIAL USE ONLY

a. Recommendation

i. Reason _____

ii. Recommended by_____

b. Amount to be paid_____

c. Final Approval_____

Signature_____ Date_____

NB: ***please note that the final payment will be effected as soon as approval is given by the President.***