STUDENTS LOAN TRUST FUND

REFUND REQUEST FORM

(WRONG PAYMENT/WRONG DEDUCTION)

Postal Address of sender…….. Date……..

The Chief Executive Officer
Student Loan Trust Fund
PMB CT 223
Cantonment, Accra.

Dear Sir / Madam, ***REFUND REQUEST***

I ……with SSN …… write to apply for refund of ***wrong payment / deduction*** made to the Students Loan Trust Fund (SLTF). Please indicate below;

- Wrong payment to SLTF account [Yes] [No] (If yes, fill section A)
- Controller Deduction [Yes] [No](If yes, fill section B)

Section A

Name of Bank ……Branch ……
Date of payment ……Paid by ……..
Amount paid ……
(Kindly attach evidence of payment e.g bank pay in slip)

Section B (Controller Deduction)

Staff ID……..
Date of Deduction ……..
Amount Deducted ……..
Institution / Organization ……
(Kindly attach evidence of deduction e.g pay slips)
Kindly find below my personal details

E-zwich Details (Preferred mode of payment because it is easier, faster and cost effective)

Name	
E- zwich Number	

Mobile#……Name……
Sign……Date……

Note: Please provide details of an Active e-zwich / bank account. Also note that your e-zwich details provided should be in your name. Contrary to this caution, refunds cannot be made.

STUDENTS LOAN TRUST FUND

REFUND REQUEST

(BORROWER WITH EXCESS PAYMENT)

Postal Address of sender…… Date……

The Chief Executive Officer
Student Loan Trust Fund
PMB CT 223
Cantonment, Accra.

Dear Sir / Madam,

REFUND REQUEST

I …… a beneficiary of the Students Loan Trust Fund with SSN…..... Write to apply for a refund due to excess repayment of my Students Loan.

Kindly find below my personal details

(E-zwich is the preferred mode of payment because it is easier, faster and cost effective)

Name	
E-zwich Number	

(Kindly attach evidence)

Counting on your usual cooperation. Mobile # ……

Thank you.

Name……

Sign……

Date……

Note: Please provide details of an Active e-zwich / bank account. Also, note that your e-zwich details provided should be in your name. Contrary to this caution, refunds cannot be made

STUDENTS LOAN TRUST FUND

REFUND REQUEST

(CLAIMS ON BEHALF OF DECEASED BORROWER)

Postal Address of sender……..

Date……

Chief Executive Officer
Student Loan Trust Fund
PMB CT 233
Cantonment, Accra.

Dear Sir / Madam,

REFUND REQUEST

I …… , who is a …… to ……, a beneficiary of the Students Loan Trust Fund with SSN…..... currently deceased, write to apply for a refund due to excess repayment of his/her Students Loan.

Kindly find below my personal account details

Name	
E-zwich Number	

(E-zwich is the preferred mode of payment because it is easier, faster and cost effective)

(Kindly attach evidence of deceased person e.g. death certificate with cause of death etc.)

Mobile # ……

Name……

Sign……

Date……

Note: Please provide details of an Active e-zwich / bank account. Also, note that your e-zwich details provided should be in your name. Contrary to this caution, refunds cannot be made