

RESTRICTED



NIGERIAN DEFENCE ACADEMY CIVILIAN STAFF
MULTI-PURPOSE COOPERATIVE SOCIETY (NDACSMCS)
P.M.B. 2169, KADUNA

(To be Completed in Duplicate)

REFUND/CLAIM APPLICATION FORM

Ref: _____

Date: _____

| S/N | APPLICANT DETAILS | | |
|-----|---------------------------------|--|--|
| 1 | Name of Staff | | |
| 2 | Department | | |
| 3 | File Number/Registration Number | | |
| 4 | Bank Name/Account Number | | |
| 5 | Account Pin/IPPIIS | | |

2. Types of Refund/Claims:

i. **Tick Specific loan:** P/Loan: ☐ R/Loan: ☐ E/Loan: ☐ Consumables: ☐

ii. Claims for other deductions: _____

3. Amount being claimed in words: _____

Amount in figure: ₦ _____

4. Period: (month(s) and year involved) _____

5. Attached current pay slip. _____

6. (Applicant's Signature/Date) _____

(Phone Number) _____

FOR SOCIETY'S OFFICIAL USE:

| BALANCE OF EXISTING LOANS AS AT _____ | | | COMMENT BY COOPERATIVE OFFICER |
|---------------------------------------|----------------|--------|--------------------------------|
| S/N | TYPES OF LOANS | AMOUNT | |
| 1 | Property/Car | | |
| 2 | Regular | | |
| 3 | Emergency | | |
| 4 | Consumables | | |
| Total Outstanding | | | |

7. (i) Month concerned loan of re-payment was completed _____

(ii) Month(s) of over deduction _____

(ii) Total amount refundable _____

8. Financial Secretary Recommendation _____

APPROVAL

Financial Secretary

Chairman CSMCS