ASONA ABUSUA GLOBAL SUPPORTIVE FUNDS

Yemfre Yie, Na Yie Mmra · Asona Yempre Kwa

WIDOWS SUPPORT FUND — DISBURSEMENT AGREEMENT

To be completed and signed at the point of fund collection

AGREEMENT NO.	APPLICATION REF. NO.	DATE OF DISBURSEMENT

SECTION 1 RECIPIENT DETAILS

FULL NAME OF RECIPIENT

DATE OF BIRTH

GHANA CARD NUMBER

PHONE NUMBER

RESIDENTIAL ADDRESS

GPS / DIGITAL ADDRESS

NAME OF COLLECTING REPRESENTATIVE (IF NOT APPLICANT)

RELATIONSHIP TO APPLICANT

REP. GHANA CARD NO.

SECTION 2 FUND DETAILS

AMOUNT RECEIVED

AMOUNT IN FIGURES (GHS)

AMOUNT IN WORDS

PURPOSE / NATURE OF SUPPORT

PAYMENT METHOD

MOMO / BANK ACCOUNT NUMBER (IF APPLICABLE)

NETWORK / BANK NAME

SECTION 3 TERMS & CONDITIONS OF SUPPORT

THE RECIPIENT AGREES AND ACKNOWLEDGES THE FOLLOWING

1. The funds received are provided by Asona Abusua Global Supportive Funds as a **welfare support grant** to assist with the recipient's personal needs and living expenses. The funds are non-transferable.
2. The recipient confirms that all information provided in the original application form and in this agreement is **true, accurate, and complete**. Any misrepresentation will result in recovery of the full amount disbursed.
3. The funds shall be used **solely for the purpose stated** in the application. The recipient agrees not to use the funds for purposes contrary to the welfare of the recipient or her family.
4. The recipient agrees to **notify the Fund immediately** of any change in her circumstances, address, or contact details that may be relevant to this support.
5. The recipient acknowledges that continued eligibility for future support is **subject to review** by Asona Abusua Global Supportive Funds and is not guaranteed.

6. The recipient consents to Asona Abusua Global Supportive Funds **verifying her identity and circumstances** through her guarantor, family head, witnesses, or any other means deemed appropriate by the organisation.

7. The recipient understands that this agreement serves as an **official record of receipt** and may be used for auditing, reporting, or legal purposes by the organisation.

SECTION 4 DECLARATION & SIGNATURES

RECIPIENT'S DECLARATION

I, the undersigned, hereby confirm that I have received the above-stated amount from Asona Abusua Global Supportive Funds on the date indicated. I have read, understood, and agree to all the terms and conditions stated in this agreement. I declare that the information provided herein is true and correct, and I acknowledge that any false declaration may lead to the recovery of the funds and further action by the organisation.

RECIPIENT / REPRESENTATIVE

SIGNATURE

Sign here

PRINTED NAME

RIGHT THUMB

Thumb Print Here

DATE

DISBURSING OFFICER

FULL NAME OF OFFICER

DESIGNATION / ROLE

SIGNATURE

Sign here

DATE

WITNESS 1 — SIGNATURE

FULL NAME

PHONE NUMBER

SIGNATURE

Sign here

WITNESS 2 — SIGNATURE

FULL NAME

PHONE NUMBER

SIGNATURE

Sign here

— FOR OFFICIAL USE ONLY — DO NOT WRITE BELOW THIS LINE —

APPROVED BY (NAME)

AUTHORISATION REFERENCE

DATE

DISBURSEMENT STATUS

☐ Fully Disbursed ☐ Partially Disbursed ☐ Pending Verification ☐ On Hold

OFFICIAL STAMP

REMARKS / NOTES