



Social Security No./Ref No.

Grid for Social Security No./Ref No.

REPUBLIC OF GHANA

SOCIAL SECURITY AND NATIONAL INSURANCE TRUST

ADDRESS DETAILS FORM

All Sections must be completed in BLACK or BLUE INK and in BLOCK LETTERS only.

PLEASE SEE THE BACK OF THIS FORM FOR INSTRUCTIONS ON HOW TO COMPLETE THE SECTIONS

SECTION 1: MEMBER'S/APPLICANT'S FULL NAME

Surname

Grid for Surname

First Name

Grid for First Name

Other Name(s)

Grid for Other Name(s)

SECTION 2: PARENTAL NAMES

Father

Surname

Grid for Father Surname

First Name

Grid for Father First Name

Other Name(s)

Grid for Father Other Name(s)

Mother

Surname

Grid for Mother Surname

First Name

Grid for Mother First Name

Other Name(s)

Grid for Mother Other Name(s)

SECTION 3: CURRENT MAILING ADDRESS (Do not abbreviate)

C/o

Grid for C/o

Postal Type (tick as applicable)

P.O. BOX

PMB

DTD

Postal Number

Grid for Postal Number

Town/City

Grid for Town/City

Box Location/Area

Grid for Box Location/Area

Region

Grid for Region

Mobile Phone No 1:

Grid for Mobile Phone No 1

Mobile Phone No 2:

Grid for Mobile Phone No 2

Landline Phone No:

Grid for Landline Phone No

E-mail Address

Grid for E-mail Address

SECTION 4: RESIDENTIAL ADDRESS/LOCATION (Do not abbreviate)

House Number

Grid for House Number

Building Name

Grid for Building Name

Street Name

Grid for Street Name

Landmark

Grid for Landmark

Town/City

Grid for Town/City

Location/Area

Grid for Location/Area

Region

Grid for Region

DECLARATION: I CERTIFY that the facts stated above are true and complete to the best of my knowledge.

NB: Thumb Prints can ONLY be taken at a SSNIT Branch

LEFT THUMB PRINT

Table for Left Thumb Print with INDEX column and rows 3, 4, 5

In the absence of a thumb, tick which finger was used

RIGHT THUMB PRINT

Table for Right Thumb Print with INDEX column and rows 3, 4, 5

Signature of Member/Applicant

Line for Signature of Member/Applicant

Date of Completion

Grid for Date of Completion (DD)

Grid for Date of Completion (MM)

Grid for Date of Completion (YYYY)

I have read the contents of this application to the Member/Applicant who appeared to fully understand and who made his or her mark in my presence

Name of SSNIT Schedule Officer

Signature

Stamp & Date

INSTRUCTIONS ON HOW TO COMPLETE THE FORM

Most of the items on this form are self-explanatory. Those items that need further explanation are discussed below:

PLEASE, READ THESE INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS FORM.

GENERAL

GENERAL INSTRUCTIONS

Complete Form in **BLOCK** characters in **BLACK** or **BLUE** ink only. **Spell out all words - Do not use Abbreviations.**

Social Security No./Ref Number:

- Enter the **REFERENCE NUMBER** given by the SSNIT Officer if you are now registering as a Contributor.
- Enter your **SOCIAL SECURITY** number if you are already a registered member (i.e. a Contributor or a Pensioner).

SECTIONS 1 & 2 PERSONAL DETAILS & PARENTAL NAMES

- **Surname** means the **given/family/last** name of the Member/Applicant/ Parent.
- **First Name** means the name that comes before (precedes) the Surname.
- **Other Names** means any other name apart from the Surname and the First Name.

SECTION 3: CURRENT MAILING ADDRESS

C/o: Indicate if your address is care of someone, or through an institution.

Postal type: Select the Postal type applicable.

P. O. BOX: Normal Post Box

P.M.B.: Private Mail Bag

DTD: "Door To Door" delivery

1. **P. O. BOX; Normal Post Box**: For example, P.O. BOX AN5012, ACCRA-NORTH
 - Postal type: Tick **P. O. BOX**,
 - Postal Number: Consists of two parts: the **Prefix** and the **Number**.
The **prefix** is a series of letters appended to a number for the purpose of sorting mail according to box location/area.
 - The **prefix** in this example is "AN" and the **number** is "5012".
 - Write/enter AN as prefix and the number is 5012;
 - Box Location/area: - Name of post office area – Box Location/area in this example is ACCRA-NORTH.
2. **P.M.B. Private Mail Bag**: For example, PMB/MINISTRIES.
 - Postal type: Tick **PMB** only.
 - Box Location/Area identifies PMB location, i.e. MINISTRIES.
3. **Door to Door (DTD)**: complete the **Box Location/Area** field as well.

SECTION 4: RESIDENTIAL ADDRESS

House number: - This is the number of the house on the street. For example, for 23 Pension Street, the house number is 23 and Pension street is the street name.

Building Name: Conspicuously and recognizable labelled building that you live in; for example, "PENSION HOUSE".

Street name – Means the name of the street (if any) of your residential location such as "Wawa Street".

Landmark: means a permanent building or landmark near to your place of residence such as "opposite the Church of Pentecost" or where applicable, some description that could aid in locating the building e.g. "50m from Danquah Circle".

Location/area - Name of location - suburb and description of area within a city or town. For example, DANSOMAN (AKOKOFOTO) or NORTH KANESHIE (LAST STOP).

DECLARATION

- Member/Applicant must endorse the form with signature and date.
- Member/Applicant must thumbprint the form in addition to the signature. The thumb-printing must be taken in the presence of a SSNIT Officer and in a SSNIT office (i.e. SSNIT Branch).
- Member/Applicant is held liable for any false declaration.