

All PARTS must be completed in BLUE and BLACK INK and in BLOCK LETTERS only. All fields on this form are mandatory except otherwise stated.

Part 1: Personal Details

Temporal SS No.:

Surname:

First Name(s):

Previous Name (if any)

Surname:

First Name(s):

Marital Status:

Married

Single

Divorced

Separated

Widowed

Part 2: Birth Details

Date of Birth:

DD/ MM / YYYY

Gender: Male Female

Nationality: Ghanaian Non-Ghanaian

Town/City, District and Region to be completed by Applicants born in Ghana Only

Country of Birth:

Town/City:

District:

Region:

Evidence of Date of Birth ID Type: Birth Certificate Passport iSS8 (Ghanaian Applicant without ID) Driver Licence
 Voter ID Baptismal Certificate ID No. (Except iSS8):

Part 3: Employer/ Institution Details

(Self-employed Applicants MUST IGNORE Name of Employer/Institution Details. Students MUST COMPLETE Name of Institution ONLY)

Enrolment Type:

Formal Sector

Self-employed

Student

First time worker?

Yes

No

Name of Employer/ Institution:

Occupation:

Nature of Income:

Salary

Wage

Monthly Basic Income (GHS):

Nature of Occupation:

Hazardous

Non-Hazardous

Actual Place of Work (for those paid by CAGD):

To be completed by Self-employed Applicants Only

Frequency of Payment:

Monthly Payment

Advance payment

Quarterly

Bi-Annually

Annually

Date of First Contribution:

DD/ MM / YYYY

Part 4: Parental Details

Father's Name

Surname:

First Name(s):

Mother's Name

Surname:

First Name(s):

Part 5: Contact Details

Current Mailing Address

Box Number:	Post Box Location:
Town/City:	Region:
Mobile Phone No.:	Other Phone No(s):
E-mail Address:	

Residential Address

Digital Address:	House No.:	Street Name:
Area of Residence:	Town/City:	Region:
Notable landmark closest to residence:		

Part 6: Emergency Contact

Name:	Mobile Phone No.:	Relationship:
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DECLARATION

I solemnly and sincerely declare that the facts stated above are true and complete to the best of my knowledge and belief, and that all documents that I have provided for the purposes of this application are genuine.

LEFT THUMBPRINT	<input type="checkbox"/> INDEX <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	In the absence of a thumb, tick which finger was used	<input type="checkbox"/> INDEX <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	RIGHT THUMBPRINT
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Signature of Applicant: _____ Date of Completion: _____
DD/ MM / YYYY

Finger(s) amputated? <input type="checkbox"/> YES <input type="checkbox"/> NO	Right Hand	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
	Left Hand	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

If the Applicant cannot read and write the English language, the following jurat should also be signed:

I certify that this Application Form, before being signed by the Applicant, was first audibly, clearly and distinctly read over and explained to him/her in a language that he/she understood in my presence and hearing before voluntarily making his/her mark hereto.

Name of Enrolment Officer:

Signature:

Date:

DD/ MM / YYYY

Name of witness:

Signature:

Date:

DD/ MM / YYYY

FOR OFFICIAL USE ONLY

Name of Enrolment Officer:

Signature of Enrolment Officer:

Branch Name:

Date:

DD/ MM / YYYY

Staff No.:

