

Nominee(s) Details Form

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

GhanaCard Number:

Temporal SS No. *(in the absence of GhanaCard)*:

Full Name

Surname:

First Name(s) :

Part 2: Emergency Contact

Name:

Mobile Phone No.:

Relationship:

Part 3: Nominee(s) Details *(Please number your nominees in the box provided beside the Nominee details)*

Family System of Inheritance: Paternal Maternal Dual

I hereby declare that the person(s) mentioned below is/are to receive any Benefits due me in the event of my death.

Please note that the total percentages allotted to the Nominee(s) should sum up to 100%.

Nominee Details

Surname:

First Name(s) :

Date of Birth: _____
DD / MM / YYYY

Gender: Male Female

GhanaCard Number *(If any)*:

Relationship (the Nominee is my):

% of Benefits Allotted:

Residential Address

Digital Address:

House No.:

Street Name:

Area of Residence:

Town/City:

Region:

Notable landmark closest to residence:

Nominee Details

Surname:

First Name:

Other Names:

Date of Birth: _____
DD / MM / YYYY

Gender: Male Female

GhanaCard Number *(If any)*:

Relationship (the Nominee is my):

% of Benefits Allotted:

Residential Address

Nominee's address is same as Member Nominee's address is same as Nominee No.: _____

Digital Address:

House No.:

Street Name:

Area of Residence:

Town/City:

Region:

Notable landmark closest to residence:

GhanaCard Number/Temporal SS No.:

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 | | RIGHT 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 | | |

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: _____ |
| Staff No.: _____ | DD/ MM / YYYY |

