

Member Information Update 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.

Type of Update *(Tick as appropriate)*

Amalgamation of Social Security Numbers Change of Name (Attach evidence) Address

Part 1: Information Update

SSNIT Number(s): *List all the SSNIT Numbers you have*

GhanaCard Number *(if any):*

1:

2:

3:

4:

Part 2: Personal Details

Full Name

Surname:

First Name(s):

Previous Name

Surname:

First Name(s):

Marital Status:

Single

Married

Separated

Divorced

Widowed

Provide Supporting Documents (e.g. Gazette) for Change of Name

Name of Document:

ID No. of Document (if any):

Part 3: Update of ID Details

ID Type: GhanaCard

Other

specify:

ID Number:

ID Number:

Part 4: Address Update

Current Mailing Address

Box Number:

Post Box Location:

Town/City:

Region:

Mobile Phone No.:

Other Phone No(s).:

Email Address:

Residential Address

Digital Address:

House No.:

Street Name:

Area of Residence:

Town/City:

Region:

Notable landmark closest to residence:

Part 5: Emergency Contact

Name:

Mobile Phone No.:

Relationship:

GhanaCard Number (if any):

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	INDEX <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>
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

