

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

<b>Full Name</b>		GhanaCard Number:
Surname:	First Name(s):	
<b>Previous Name (if any)</b>		
Surname:	First Name(s):	

### Part 2: Place of Birth

Country of Birth:		
<b>(Town/City, District and Region to be completed by Applicants born in Ghana ONLY)</b>		
Town/City:	District:	Region:

### Part 3: Employer/Institution Details

<b>(Self-employed Applicants MUST IGNORE Name of Employer/Institution Details. Students MUST COMPLETE Name of Institution ONLY)</b>	<b>Enrolment Type:</b>	<b>First time worker?</b>
	<input type="checkbox"/> Formal Sector <input type="checkbox"/> Student	<input type="checkbox"/> Self-employed <input type="checkbox"/> No
Name of Employer/ Institution:		
Occupation:	<b>Nature of Income:</b>	
Monthly Basic Income (GHS):	<input type="checkbox"/> Salary <input type="checkbox"/> Wage	
Actual Place of Work (for those paid by CAGD):	<b>Nature of Occupation:</b>	
	<input type="checkbox"/> Hazardous <input type="checkbox"/> Non-Hazardous	
<b>To be completed by Self-employed Applicants Only</b>		
<b>Frequency of Payment:</b>		
<input type="checkbox"/> Monthly Payment    Advance payment <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-Annually <input type="checkbox"/> Annually	<b>Date of First Contribution:</b> <input type="text"/>	
DD/ MM / YYYY		

### Part 4: Contact Details

Mobile Phone No.:	Other Phone No(s).:
E-mail Address:	

### Part 5: Emergency Contact

Name:	Mobile Phone No.:	Relationship:
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GhanaCard Number: \_\_\_\_\_

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

<b>Finger(s) amputated?</b> <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: \_\_\_\_\_

Name of witness: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

DD/ MM / YYYY

DD/ MM / YYYY

**FOR OFFICIAL USE ONLY**

Name of Enrolment Officer: \_\_\_\_\_

Signature of Enrolment Officer: \_\_\_\_\_

Branch Name: \_\_\_\_\_

Date: \_\_\_\_\_

Staff No.: \_\_\_\_\_

DD/ MM / YYYY

