

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

SSNIT Number(s):

GhanaCard Number:

1:

2:

3:

4:

Full Name

Surname:

First Name(s):

Marital Status:

Married

Single

Divorced

Separated

Widowed

### Part 2: Place of Birth *(To be completed by Members with 8-digit SSNIT Numbers only)*

Country of Birth:

**(Town/City, District and Region to be completed by Applicants born in Ghana ONLY)**

Town/City:

District:

Region:

### 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

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: Contact Details

#### 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:

GhanaCard Number: \_\_\_\_\_

**Part 5: 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 <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	<input type="checkbox"/> INDEX <hr/> <input type="checkbox"/> 3 <hr/> <input type="checkbox"/> 4 <hr/> <input type="checkbox"/> 5	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: \_\_\_\_\_

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

