

Nominee(s) Details Supplementary 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.

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

Surname: _____ First Name(s): _____

Nominee Details

Surname: _____ First Name(s): _____

Date of Birth: _____ Gender: Male Female GhanaCard Number *(If any)*: _____
DD / MM / YYYY

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(s): _____

Date of Birth: _____ Gender: Male Female GhanaCard Number *(If any)*: _____
DD / MM / YYYY

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: _____

Nominee Details

Surname: _____ First Name(s): _____

Date of Birth: _____ Gender: Male Female GhanaCard Number *(If any)*: _____
DD / MM / YYYY

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	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

