



APPLICATION FOR REGISTRATION AS A HEALTH INSURANCE SCHEME

(NHI Act 650, LI 1809, Regulation 2)

Please print all information in CAPITAL LETTERS and use BLACK INK only

PART I: PARTICULARS OF APPLICANT

1. NAME OF APPLICANT

Surname	First Name	Other Name(s)

2. NAME & POSTAL ADDRESS OF HEAD OFFICE

TEL. NO. 1:	TEL NO. 2:	TEL NO. 3:
FAX:	E-MAIL:	

3. TYPE OF HEALTH INSURANCE SCHEME TO BE REGISTERED: (Please, Tick only one)

<input type="checkbox"/> PRIVATE COMMERCIAL	<input type="checkbox"/> PRIVATE MUTUAL	<input type="checkbox"/> DISTRICT MUTUAL
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4. PARTICULARS OF DIRECTORS

Name of Director	Address	Occupation

5. NAME OF PRINCIPAL OFFICER/MANAGER

Surname	First Name	Other Name(s)

6. PARTICULARS OF CHIEF ACCOUNTING OFFICER

Surname	First Name	Other Name(s)
Qualifications	Address	

7. PARTICULARS OF AUDITORS

Name	Address

8. TOTAL NUMBER OF ALL CLASSES OF EMPLOYEES

Class of Employees	Number

9. PARTICULARS OF BANKERS

Name of Bank	Address

10. NUMBER OF MEMBERS OF THE SCHEME AND ESTIMATED DEPENDANTS OF MEMBERS AS AT THE OF APPLICATION

Number of members of the scheme:	Estimated Number of Dependants:
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11. Details of applicant's past and present membership of or affiliation to any association concerned with health insurance schemes in Ghana or elsewhere, including details of any refusal, termination or lapsing of such membership or affiliation and the reason for it.

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12. Is any director of the applicant a director of another scheme that carries on business in Ghana? YES NO

If YES, Provide details:

13. The applicant or any director of the applicant ever, under the laws of this country or any other country has:

- (a) Been adjudged or otherwise declared insolvent or bankrupt and has not been rehabilitated or discharged? YES NO
- (b) Made an assignment to, or arrangement or composition with, his or her creditor which has not been rescinded or set aside? YES NO
- (c) Been convicted of theft, fraud, forgery, uttering a forged document or perjury or any other offences that is similar to any of these offences? YES NO
- (d) Been convicted of any offence and sentenced to a term of imprisonment exceeding six months, without the option of a fine, and has not received a free pardon? YES NO

If the answer to any of these questions is YES, provide details:

DECLARATION

We the undersigned principal officer and board of directors of the applicant, do hereby declare that:-

- (a) The information given in response to and in support of the questions and matters in this Part of this application is true and correct to the best of our knowledge and belief;
- (b) This application is made in good faith with the purpose and intent that the affairs and business of the application will at all times be honestly conducted in accordance with good and sound principles and in full compliance with all applicable laws;

Dated this.....

Chairperson of the Board:
Name Signature

Principal Officer/Manager :
Name Signature

Director 1:
Name Signature

Director 2:
Name Signature

Director 3:
Name Signature

Director 4:
Name Signature

PART II: PARTICULARS OF PRINCIPAL OFFICER OR MANAGER

14. NAME AND ADDRESS OF PRINCIPAL OFFICER OR MANAGER		
Surname	First Name	Other Name(s)
Address (provide address of head office in the case of a corporate manager)		

15. NAME AND ADDRESS OF A CHIEF EXECUTIVE (In the case of corporate independent manager)		
Surname	First Name	Other Name(s)
Address		

16. PROFESSIONAL, ACADEMIC QUALIFICATION AND EMPLOYMENT HISTORY
PROFESSIONAL AND ACADEMIC QUALIFICATION

EMPLOYMENT HISTORY (List in reverse chronological order, last employer first)					
Name of Employer	Address	Nature or type of business	Job title & Duties	period of employment	Reasons for leaving

17. Does the principal officer or manager act in the capacity of a principal officer or independent manager, or member of the governing board, of any other schemes?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If YES, Provide details:	

18. Has the principal officer or manger or, in the case of a corporate independent manager, any director of the manager ever, under the laws of this country or any other country		
(a) Been adjudged or otherwise declared insolvent or bankrupt and has not been rehabilitated or discharged?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
(b) Made an assignment to, or arrangement or composition with, his or her creditor which has not been rescinded or set aside?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
(c) Been convicted of theft, fraud, forgery, uttering a forged document or perjury or any other offences that is similar to any of these offences?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
(d) Been convicted of any offence and sentenced to a term of imprisonment exceeding six months, without the option of a fine, and has not received a free pardon?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If the answer to any of these questions is YES, provide details:		

DECLARATION by Principal Officer/Manager or Chief Executive of independent manager

I, the undersigned do hereby declare that:-

All the information given in response to and in support of the questions and matters in Part II of this application is true and correct to the best of our knowledge and belief;

Dated this.....

Principal Officer/Manager or Chief Executive :
Name Signature

ANNEXURES TO THIS APPLICATION (Provide as applicable to the scheme)

1. *List of branch offices, address, telephone, e-mail, fax*
2. *Certified copy of certificate of incorporation under the Companies Code 1963 (Act 179)*
3. *Constitution, Bye Laws or Rules in the case of District Mutual or Private Mutual Scheme.*
4. *Financial Statement and cash flow for the two years preceding the date of the application for an existing scheme*
5. *In case of Private Commercial Health Insurance Scheme, a feasibility study and projection for the first two years of operation containing the following data.*
 - (a) *Cash flow analysis*
 - (b) *Gross premium income and expenditure projections*
 - (c) *Assessment of the prospects and profit potential for the next five years.*

Evidence of ability to pay security deposit required where applicable

NOTE: *If any space is insufficient for the information required please provide additional information on a separate sheet and where documents are required, please attach certified copies.*



APPLICATION FOR ACCREDITATION OF A HEALTHCARE FACILITY

(NHI Act 650, LI 1809, Regulation 28 (1))

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1. NAME OF HEALTH CARE FACILITY

2. LOCATION (Street name, House No):

3. POSTAL ADDRESS:

TEL. NO. 1:	TEL. NO. 2:	TEL. NO. 3:
FAX:	E-MAIL:	
TOWN:	DISTRICT:	REGION:

5. NAME OF CHIEF EXECUTIVE/ADMINISTRATOR/PROPRIETOR:		
Surname	First Name	Other Name(s)

6. FACILITIES	
Health care available:	
Laboratory:	
Surgery:	
Maternity:	
Dental:	
Physiotherapy:	
Pharmacy:	
Other (Please specify):	

7. HEALTH PERSONNEL	
Number of Medical Practitioners	
Number of Nurses:	
Number of Dentists	
Number of Pharmacists	
Others	

8. EVIDENCE OF QUALIFICATIONS OF HEALTHCARE PERSONNEL (Please, attach evidence)	
Name of Personnel	Qualifications

DECLARATION

I **Chief Executive/Administrator/Proprietor**
of

hereby declare that to the best of my knowledge and belief, the information given on this application form is correct.

.....
Date Signature

NOTE: *If any space is insufficient for the information required please provide additional information on a separate sheet and where documents are required, please attach certified copies.*