



AUTHORITY
RESIDENTIAL AREA

NATIONAL HEALTH INSURANCE
36-6TH AVENUE, RIDGE
PMB, MINISTRIES, ACCRA-GHANA

APPLICATION FOR RENEWAL OF PRIVATE HEALTH INSURANCE SCHEME

(Act 852 and NHI Regulations)
Please print all information in CAPITAL LETTERS

1. NAME OF APPLICANT (SCHEME NAME)	
2. REGISTERED BUSINESS ADDRESS	
POSTAL ADDRESS	
Telephone Numbers:	
Fax:	E-Mail:
3. TYPE OF HEALTH INSURANCE SCHEME TO BE RENEWED: (please, Tick only one)	
<input type="checkbox"/> Private Commercial	<input type="checkbox"/> Private Mutual

4. PARTICULARS OF DIRECTORS

Name of Director	Address	Occupation	Relevant Experience

5. PARTICULARS OF MANAGEMENT TEAM

Name:	Position	Qualification	Relevant Experience

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6. SCHEME MANAGEMENT	
Independent or Body Corporate?	YES <input type="checkbox"/> NO <input type="checkbox"/>
<i>If Yes, attach a copy of agreement</i>	

7. PRINCIPAL OFFICER/ MANAGER	
Name	Qualification(s)

8. PARTICULARS OF AUDITORS	
Name	Address:
	Tel:
	E-mail:

9. PARTICULARS OF BANKERS	
Name of Bank	Address:
	Tel:
	E-mail:

10. TARGET MARKET

11. MEMBERSHIP	
Current Membership	Number of Dependants:
	Number of NHIS subscribers:

12. IS ANY DIRECTOR OF THE APPLICANT A DIRECTOR OF ANOTHER SCHEME IN GHANA?	
Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes, provide details:	

13. HAS THE APPLICANT OR ANY DIRECTOR OF THE APPLICANT EVER, UNDER THE LAWS OF THIS COUNTRY OR ANY OTHER COUNTRY?

a) Been adjudged or otherwise declared insolvent or bankrupt and has been rehabilitated?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
b) Made an assignment to, or arrangement or composition with, his or her creditor which has not been rescinded or set aside?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
c) Been convicted of theft, fraud, forgery, falsification of document, perjury or any other offence that is similar to any of these offences?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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	<input type="checkbox"/>	No	<input type="checkbox"/>

DECLARATION

We the undersigned do hereby declare that:

- a) The information given in response to and in support of the questions and matters in this part of this applicant is true and accurate 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 applicant 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: (Print Name):
Name Signature

Principal Officer/Manager: (Print Name):
Name Signature

ANNEXURES TO THIS APPLICATION (provide as applicable to type of scheme)

1. List of Branch offices, address, telephone, e-mail, fax
2. Two (2) copies of constitution/regulations/rule (if amended)
3. Financial Statements and Cash flows
4. Annual operational report
5. Details of shareholding structure of applicant
6. Any other relevant information

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 true copies.

Do not leave any question blank or unanswered; where necessary, answer “Not Applicable” or “Not Known”