NATIONAL HEALTH INSURANCE AUTHORITY APPLICATION FOR RENEWAL OF HEALTH INSURANCE INTERMEDIARY'S LICENCE

(Health Insurance Broker Agent, Loss Adjuster and TPA) (Act 852 and NHI Regulations)

We the directors, for and on behal	lf of		hereby apply for
the renewal of Insurance Intermed	diary's Licence No	in	the category of
Insurance Broker / Insurance Loss	s Adjuster/ TPA with effect from	om	
Our annual Return is attached/was	s filed on	, and we confirm	n that there have
been no material changes in the co	ompany's circumstances since	that date.	
We understand that the renewal of		·	
returns and our compliance with t	ne National Health Insurance I	Law and Regulations t	by the Authority.
The Application fee of GH¢	is analogad De	ata	
The Application fee of Grig	is eliciosed. Da	iic	• • • • • • • • • • • • • • • • • • • •
Name of Director/Partner		Signature	•••••
Name of Chief Executive Officer.			
Signature			
For use of National Health Insura	nce Authority only		
Date received:	Action Taken	<u>Date</u>	
	1. Acknowledged:		
Fee Paid:	2. Further Enquiries:		
	3.Decision:		
Receint No:			