

APPLICATION FORM



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

**APPLICATION FOR REGISTRATION AS A PRIVATE HEALTH
INSURANCE SCHEME**

(Act 852 and NHI Regulations)

Please print all information in CAPITAL LETTERS

1. NAME OF APPLICANT (SCHEME NAME)

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2. REGISTERED BUSINESS ADDRESS

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Postal Address

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Telephone Numbers:

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Fax:

Email:

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

Private Commercial

Private Mutual

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

7. NAME OF PRINCIPAL OFFICER/ MANAGER	
Name	Qualification

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

9. TARGET MARKET

10. MINIMUM NUMBER OF MEMBERS OF THE SCHEME AS AT DATE OF APPLICATION	
Number of members of the scheme:	Estimated number of dependants:
	Number of NHIS subscribers:

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b) Made an assignment to, or arrangement or composition with, his or her creditor which has not been rescinded or set aside?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"/>

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

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:	

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 applicant 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 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

Director (Print Name):
Name Signature

Director (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 copies of
 - a. constitution and regulations for Private Mutual Health Insurance Scheme (PMHIS)
 - b. Regulations only for Private Commercial Health Insurance Scheme (PCHIS)
- 3. Certified true copy of certificate of incorporation
- 4. Certified true copy of certificate to commence business
- 5. Business plan
- 6. Details of shareholding structure of applicant
- 7. Any other relevant information that may be required

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".