

## NATIONAL HEALTH INSURANCE AUTHORITY APPLICATION FOR RENEWAL OF HEALTH INSURANCE INTERMEDIARY'S LICENCE (Health Insurance Broker/Agent and Loss Adjuster) (Act 852 and NHI Regulations)

renewal of Insurance Intermediary's Licence No	
Broker and Incurance Loss Adjuster/ with offert from	
broker and insurance Loss Adjuster/ with effect from	
Our annual Return is attached/was filed onbeen no material changes in the company's circumstances since the circumstance since si	•
We understand that the renewal of this licence is dependent upon	n a satisfactory review of the
annual returns and our compliance with the National Health Insur	rance Law and Regulations by the
Authority.	
The Application fee of GH¢is enclosed. Date	
Name of Director/Partner	
Signature	
Name of Chief Executive Officer	
Signature	
For use of National Health Insurance Authority only	
Date received: <u>Action Taken</u>	<u>Date</u>
1. Acknowledged:	
Fee Paid: 2. Further Enquiries:	
3. Decision:	
Receipt No:	