



FORM NO. 3

NATIONAL HEALTH INSURANCE AUTHORITY

Personal Questionnaire (Corporate Sub-Agents)

Please note that all questions on the personal questionnaire form are essential and must therefore be answered. Questions that do not apply to the individual should be answered as “NOT APPLICABLE” but not be left unanswered. Questions with YES/ NO responses must also be answered and reason(s) given if any. All alterations, cancellations and attachments must be duly signed.

Name of Intermediary:

Name of Individual:

1. Personal Details

- (a) Full name: Surname
Forenames
- (b) Any previous name(s)
Date(s) changed
- (c) Date and place of birth
- (d) Nationality
- (e) Any change of nationality (Date changed)

- (f) Current residential address
- (g) Any other residential address (es) in previous ten years (with dates)

2. Experience

Give the following details for each employment over the previous ten years (where applicable) commencing with your present employment. Any gaps in employment over the period must be explained.

Period of employment (month and year)

From: _____ To: _____

Name of employer:

Address of employer:

Nature of employer's business:

Position(s) and responsibilities held:

Reason for leaving:

Period of employment (month and year)

From: _____ To: _____

Name of employer:

Address of employer:

Nature of employer's business:

Position(s) and responsibilities held:

Reason for leaving:

Period of employment (month and year)

From: To:

Name of employer:

Address of employer:

Nature of employer's business:

Position(s) and responsibilities held:

Reason for leaving:

Period of employment (month and year)

From: To:

Name of employer:

Address of employer:

Nature of employer's business:

Position(s) and responsibilities held:

Reason for leaving:

Period of employment (month and year)

From: To:

Name of employer:

Address of employer:

Nature of employer's business:

Position(s) and responsibilities held:

Reason for leaving:

If insufficient space is provided, please attach a separate sheet.

3. Qualifications and Training

Give details of:

- (a) All relevant professional qualifications including dates acquired and institutions attended / Attach Curriculum Vitae (CV):

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- (i)
 - (ii)
 - (iii)
 - (iv)

- (b) Other relevant training or experience (give dates of training and institutions attended / Attach Curriculum Vitae (CV):

- (i)
- (ii)
- (iii)

- (c) State whether in your personal capacity you hold or at any time held any membership, licence or authorisation or been registered as a representative under Legislation of any country other than Ghana relating to banking, investment, insurance or other finance business *YES/NO

If YES, give details below including licence/registration number and name of authorising body where appropriate:

4. Good Reputation and Character

- (a) State whether you are engaged or have been engaged during the past five years in any litigation *YES/NO

State whether

- (b) (i) Have you ever been declared bankrupt or have had your estate sequestered? *YES/NO

- (ii) Are you currently the subject of bankruptcy, sequestration or similar proceedings?
*YES/NO
- (iii) Are you aware of the likelihood of any such proceedings pending *YES/NO
- (c) State whether you have ever been refused or had revoked any licence or authorisation to carry on banking, insurance, broking, fund management or any other finance business *YES/NO
- (d) State whether you have resigned from, been refused or had revoked any membership of any association of dealers in securities or other financial instruments or any stock exchange or of any professional body or decided, after making your application, not to proceed with it *YES/NO
- (e) Have you (or any institution with which you have been concerned in the management or conduct of affairs) in Ghana or elsewhere, been censured, disciplined, warned as to future conduct, or publicly criticised by, or made subject of a court order at the instigation of any governmental or regulatory authority or any professional body to which you belong or belonged? *YES/NO
- (f) Have you ever held a practicing certificate subject to conditions? *YES /NO
- (g) Have you, in Ghana or elsewhere, been dismissed or requested to resign from any office or employment, removed from any fiduciary office or position of trust, subject to disciplinary proceedings by your employer or barred from entry to any profession or occupation? *YES/NO
- (h) Has anybody corporate, partnership or unincorporated institution with which you are, or have been associated as a director, partner, officer, or manager, or a shareholder owning more than 10% of the voting equity, been the subject of an investigation by a governmental, professional, or other regulatory body? *YES/NO
- (i) State whether you have ever been disqualified from acting as a director of a company, or from acting in the management or conduct of the affairs of any company, partnership or unincorporated association *YES/NO
- (j) Has anybody corporate, partnership or other unincorporated institution with which you were associated as a director, partner, controller or manager, been wound up, gone into receivership, made subject to any administration order, otherwise made any compromise or arrangement with its creditors or ceased trading either while you were associated with it or within one year after you ceased to be associated with it? *YES/NO

- (k) State whether, in connection with the formation or management of anybody corporate, partnership or unincorporated association, you have been adjudged by a court to be civilly liable for any fraud, malfeasance or wrongful trading or other misconduct by you towards such a body or towards any members or creditors of such a body *YES/NO
- (l) Have you failed to satisfy any debt adjudged due and payable by you as a judgement-debtor under an order of a court in Ghana or elsewhere or made any compromise arrangement with your creditors within the last 15 years? *YES/NO

**In respect of each question in this section where the reply is YES, give full details below identifying the relevant paragraphs*

5. Other Relevant Information

State below any other material information which you consider relevant to the assessment of your expertise, experience and record:

DECLARATION

I confirm that the information supplied is complete and correct to the best of my knowledge and belief at the time of submission and that there are no other facts of which the National Health Insurance Authority should be aware.

I undertake to inform the Authority, without delay, of any material changes to the information supplied on this form.

IMPORTANT NOTICE

This form should be signed in ink.

You should be aware, before signing this application that it is an offence to make a representation or statement which contains a false statement of a material fact or which omits to state a material fact required to be provided to the Authority or necessary to avoid the statement or document being materially misleading unless the maker of the statement did not know and, with the exercise of reasonable diligence, could not have known that the representation was false or misleading.

Name (BLOCK CAPITALS)

Signed

Date

NB: In addition to this, an applicant shall submit;

1. Police report signed by the Director of Criminal Investigation Department or any authorized person clearing application of any criminal offence as specified by Section 177 of the Company's Act 2019 (ACT 992)
2. Tax clearance certificate signed by the Commissioner of Ghana Revenue Authority or any authorized person
3. Appointment and acceptance letter