



NATIONAL HEALTH INSURANCE AUTHORITY

Personal Questionnaire

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 Scheme:

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)

(h) Capacity in which you are completing this form, e.g. as a current or prospective director, shareholder or principal officer or any combination of these.

(i) Date of Appointment

(j) Status of Directorship e.g. Non-Executive, Executive and Independent

(k) State your full title and describe the particular duties and responsibilities attaching to the position(s) which you hold or will hold.

If you are completing this form in the capacity of director, indicate whether, in your position as director, you have or will have executive responsibility for the management of the institution's business.

2. Experience

Give the following details for each employment over the previous fifteen 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):

(i)

(ii)

(iii)

(iv)

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

(i)

(ii)

(iii)

(b) 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. Other Business Interests

(i) If you have been a member of the Board of Directors of any other organisation during the previous ten years, kindly complete the table below.

NAME OF ORGANISATION	PRINCIPAL ACTIVITIES	DATES OR PERIOD OF DIRECTORSHIP

4 (ii) If you own or control, or have ever owned or controlled shares in any other Businesses during the previous ten years, kindly complete the table below

NAME OF BUSINESS	PRINCIPAL ACTIVITIES	% OF SHARES	
		OWNED OR CONTROLLED	PAST OR CURRENT

5. Good Reputation and Character

- (a) Have you at any time been convicted of any offence involving fraud or other dishonesty or an offence under legislation (including insider dealing), relating to institutions providing financial services, insolvency, consumer credit or consumer protection or any other statutory offence other than a road offence. If so, give

particulars of the court by which you were convicted, the offence, and the penalty imposed and the date of the conviction *YES/NO

NOTE: "Financial Services" includes (inter alia) activities carried on by banks, brokers, building societies, credit unions, friendly societies, industrial and provident societies, insurance companies/managers and investment managers and advisers.

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

State whether

- (c) (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

- (d) 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

- (e) 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

- (f) 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

- (g) Have you ever held a practicing certificate subject to conditions? *YES /NO

- (h) 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

- (i) Has any body 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

- (j) 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

- (k) Has any body 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

- (l) State whether, in connection with the formation or management of any body 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

- (m) 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*

6. Relationship with the Institution, Former Employers and other Third Parties

- (a) In carrying out your duties will you be acting on the directions or instructions of any other individual or institution? *YES/NO

- (b) How many shares in the institution are registered in your name or the name of a related party (see Note 2)? If applicable, give name(s) in which registered and class of shares

- (c) In how many shares in the institution (not being registered in your name or that of a related party) are you or any related party beneficially interested?

- (d) Do you, or does any related party, hold any shares in the institution as trustee or nominee? *YES/NO

(e) Are you a significant shareholder of any other financial institution (other than the institution), which is now regulated under statute or has applied for such regulation? *YES/NO

(f) Do you, in your private capacity, or does any related party, undertake business with the institution *YES/NO

(g) State whether you have any other business interests involving a possible personal liability, either as a sole trader or as a partner *YES/NO

(h) Are any of the shares in the institution mentioned in answer to questions (b), (c) and (d) equitably or legally charged or pledged to any party? *YES/NO

(i) What proportion of the voting power at any general meeting of the institution (or of another body corporate of which it is a subsidiary) are you or any related party entitled to exercise or control the exercise of?

(j) Do any of the former employers listed at 2 (or any of the bodies listed in the answer to questions 4 and 5 (i)) maintain a business relationship with the institution? *YES/NO

7. 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
