



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

## APPLICATION FOR RENEWAL OF PRIVATE HEALTH INSURANCE SCHEME

(Act 852 and NHI Regulations)

Please print all information in CAPITAL LETTERS

### PART I: PARTICULARS OF APPLICANT

1. NAME OF APPLICANT (SCHEME NAME) _____ )

2. REGISTERED BUSINESS ADDRESS
POSTAL ADDRESS
Telephone Numbers:
Fax: _____ E-Mail: _____

3. TYPE OF HEALTH INSURANCE SCHEME TO BE RENEWED (please, Tick only one )
<input checked="" type="checkbox"/> Private Commercial <input type="checkbox"/> Private Mutual

4. PARTICULARS OF DIRECTORS			
Name of Director	Address		Relevant Experience

5. PARTICULARS OF MANAGEMENT TEAM			
Name:	Position	Qualification	Relevant Experience

## 6. SCHEME MANAGEMENT

**Independent or Body  
Corporate?**

YES

NO

*If Yes, attach a copy of agreement*

## 7. PRINCIPAL OFFICER/ MANAGER

Name

Qualification(s)

## 8. PARTICULARS OF AUDITORS

Name

Address:

Tel:

E-mail:

## 9. PARTICULARS OF BANKERS

Name of Bank

Address:

Tel:

E-mail:

## 10. TARGET MARKET

## 11. MEMBERSHIP

Current Membership

Number of Dependents:

Number of NHIS subscribers:

## 12. IS ANY DIRECTOR OF THE APPLICANT A DIRECTOR OF ANOTHER SCHEME IN GHANA?

Yes

No

If Yes, provide details:

**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  No
- b) Made an assignment to, or arrangement or composition with, his or her creditor which has not been rescinded or set aside? Yes  No
- c) Been convicted of theft, fraud, forgery, falsification of document, perjury or any other offence that is similar to any of these offences? Yes  No
- 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  No

**DECLARATION**

We the undersigned 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 accurate 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

**ANNEXURES TO THIS APPLICATION (provide as applicable to type of scheme)**

- 1. List of Branch offices, address, telephone, e-mail, fax
- 2. Two (2) copies of constitution/regulations/rule (if amended)
- 3. Financial Statements and Cash flows
- 4. Annual operational report
- 5. Details of shareholding structure of applicant
- 6. Any other relevant information

**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 copies.**

**Do not leave any question blank or unanswered; where necessary, answer “Not Applicable” or “Not Known”**