

# GHANA LIFE INSURANCE

APP. NO.....

NAME AND CODE  
OF AGENCY

## PART 1 OF APPLICATION FOR INSURANCE IN

## COMPANY LIMITED

An insurance agent who assists an applicant to Complete an application or proposal form for Insurance shall be deemed to have done so as the agent of the applicant.

S /N: .....

Proposal No.....

This Proposal Form should be completed in Proposer's Handwriting in BLOCK LETTERS.  
PLEASE ANSWER EACH QUESTION FULLY. IT IS NOT SUFFICIENT TO PUT A "DASH"

### FRAUD WARNING:

"Applicant is hereby warned that it is a crime to present false information while completing this proposal form"

- SURNAME .....

OTHER NAMES .....

Maiden Name if married woman.....

Residential Address .....

Employer's Name .....

Office Address .....

Postal Address .....

Precise Occupation (please give full details) .....

Married, Single or Widowed .....Place of Birth .....

Age next Birthday..... Years..... Date of Birth.....(Proof of age to be submitted)

Tel:..... Mobile number..... E-Mail.....

Staff / Payroll / Regimental / Service No.....

Bankers.....Branch.....A/c No.....
- Proposed Sum Assured GH¢ .....

Class of Assurance ..... with profits

Duration of Assurance ..... years

Is the premium to be paid yearly, half-yearly, quarterly or monthly .....

Commencement date of Assurance .....

3. To whom is sum assured payable other than self (A) legal estate  
 (B) Beneficiary (print), include address if not same as 1 above

	Age	Relationship	%
Primary .....			
.....			
.....			
.....			
Contingent.....			
.....			

Note: (A) Benefits are payable only to named beneficiaries if adults or names trustee if minors (under 18 years).  
 (B) the right to change the beneficiary is reserved.

4. DO YOU DESIRE ANY ADDITIONAL BENEFIT?

Tick appropriate one

- (a) Double Indemnity
- (b) Disability Waiver of Premium
- (c) Family Income Benefit  (What percentage?) 

10	15	20
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- (d) ARE THERE ANY CIRCUMSTANCES, Particularly Occupational which involve an Additional risk of death by accident? .....

**DECLARATION**

I, the undersigned, whose life is proposed for assurance, do hereby declare that the statements in this proposal are true and complete and hereby consent to the Company seeking any information it deems necessary from any hospital, clinic or doctor who has at any time attended to me seeking information from my bankers and employers and from any insurance company to which a proposal for the assurance of my life has been made and I authorize the giving of such information.

I further agree that this proposal and Declaration and the statements made above or to the Medical Examiner acting for the Company shall be the basis of the proposed contract between the Company and myself, that if anything contrary to the truth be stated or if any information which ought to be made know to the Company with reference to the Proposed Assurance to be withheld or, concealed and policy which may be granted in pursuance of this proposal Shall be null and void.

Dated this ..... Day of .....20.....

.....  
 Agency Manager Signature

.....  
 Signature of Applicant

## Life of Another

### Please complete in CAPITAL LETTERS

If the policy to be granted to any person(s) or Corporate Body other than the Life to be assured, his (or their) name(s) and address(es) should be entered below and the Declaration signed by him (or them)

i. Full name.....

ii. Address.....

.....

iii. Please state relationship or connection with the Life to be insured.....

.....

iv. Reasons for the Assurance.....

### DECLARATION

I/We submit this proposal form in view to entering into a contract for the benefits set overleaf on the Company's normal terms and conditions. I/We have read over the replies to all the questions in this proposal form, and declare that to the best of my/our knowledge and belief all the information given is TRUE AND COMPLETE.

I/We understand that in the event of the life to be assured being medically examined the answers to be given by him /her to medical examiner acting on behalf of the 'company shall be deemed to be incorporated in this proposal. I/We agree that this proposal shall be the basis of the contract between me/us and the company.

Signature of Proposer.....Date.....

Name and Address of Witness:.....

.....

Signature of Witness.....Date.....

The company must be notified of any changes in the health and circumstances of the life to be assured to be prior to the assumption of the risk.

# GHANA LIFE INSURANCE COMPANY LIMITED

Head Office: 17 AVIATION ROAD , AIRPORT RESIDENTIAL AREA  
P. O. Box 8168, Accra, Ghana, Phone: 781118, 780543, 771292, Fax:769096  
Email: [info@ghanalifeinsurance.com](mailto:info@ghanalifeinsurance.com) Website: [www.ghanalifeinsurance.com](http://www.ghanalifeinsurance.com)

Received from ..... who has applied to  
Ghana Life Ins Co. Ltd for insurance in the amount of

S/N: .....

..... On the ..... Plan

The sum of ..... Offered as a binding deposit on account

Of the first premium, in accordance with the conditions stated on the back hereof.

Dated at ..... this ..... day of ..... 20.....

This receipt is to be completed and given to the applicant only when a binding deposit, made in accordance with the rules of the Company has been paid with the application.

Unless such payment is made this receipt must not be detached.

\_\_\_\_\_  
Agent's Name

\_\_\_\_\_  
Agent's Cord

\_\_\_\_\_  
Agent's Signature

Notice to Applicant: If the Insurance is issued on official receipt signed by an Executive officer of the Company and countersigned by an Agent Manager or Cashier is given to you. This Binding receipt shall not be binding upon the Company for any payment by cheque or other form of remittance unless such remittance is promptly honoured on presentation for payment. If you do not hear from the Company regarding the proposed Insurance within Ninety days, notify Ghana Life Insurance Company Limited at its Local Office or Head Office.

The amount for which this receipt Is given MUST appear in the application in answer to question No. 18.