**PART I: MEMBER’S PERSONAL DETAILS**

 **TITLE FIRST NAME MIDDLE NAME(S) SURNAME**

 Name of Contributor:

|  |
| --- |
|   |

 Female

Staff

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Number:

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*DD/MM*

*/YYYY]*

*:*

Gender:

Male

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Place of Birth:  |  |   |  |  | Ghana Card Number:  |  |  |
| Marital Status:  | Single  | Married  | Widowed  |   |  Divorced  | Separated  |  |

Identification Details: Passport Voter’s ID Driver’s License National ID

|  |  |  |
| --- | --- | --- |
| ID Number:  | Email Address  |   |
| Residential Address:  |   |   |
| Telephone Number:  | Nationality: Ghanaian  |   |  Non Ghanaian  |   |  |
| Mother’s Name:  |   |   |
| Father’s Name:  |   |   |
| **PART II: MEMBER’S NEXT OF KIN/BENEFICIARIES DETAILS**  |  |  |

I hereby declare that the person(s) whose name(s) is/are indicated below is/are to receive any benefits due me in the event of my demise. (**The sum total of all your allocation must be equal to 100%**)

|  |  |
| --- | --- |
|  BENEFICIARY 1  |   |
| Full Name:  | Relationship to Contributor:  |
| Date of Birth *[ DD/MM /YYYY]:*  | Telephone Number:  |
|  Residential Address:  | % Allocation:  |
|    |   |
| BENEFICIARY 2  |   |
| Full Name:  | Relationship to Contributor:  |
| Date of Birth *[ DD/MM /YYYY]:*  | Telephone Number:  |
|  Residential Address:  | % Allocation:  |
|   |   |
|  BENEFICIARY 3  |   |
| Full Name:  | Relationship to Contributor:  |
| Date of Birth *[ DD/MM /YYYY]:*  | Telephone Number:  |
|  Residential Address:  | % Allocation:  |
|   |   |
|  BENEFICIARY 4  |   |
| Full Name:  | Relationship to Contributor:  |
| Date of Birth *[ DD/MM /YYYY]:*  | Telephone Number:  |
|  Residential Address:  | % Allocation:  |
|   |   |
|  BENEFICIARY 5  |   |
| Full Name:  | Relationship to Contributor:  |
| Date of Birth *[ DD/MM /YYYY]:*  | Telephone Number:  |
|  Residential Address:  | % Allocation:  |

  **Sum Total of Allocation:**

***NOTE: REQUEST FOR AN ADDITIONAL FORM IF BENEFICIARIES EXCEED FIVE (5) IN NUMBER***

# P.T.O

**DECLARATION BY APPLICANT**

I declare that the information provided is TRUE AND COMPLETE and also exonerate the GESOPS Board from any liabilities.

|  |  |
| --- | --- |
| Full Name of Applicant:  |  |
| Date Signature:   |  |
| **PART II: EMPLOYMENT DETAILS (To be completed by GES supervisor)**  |  |
| District:  |  | Institution:  |
| Postal Address:  |  | Telephone Number:  |
|  Email  |  | Mobile Number:  |
|  | **DECLARATION BY GES SUPERVISOR**  |  |

I certify that this Contributor Enrolment Form as received is certified to be true and accurate. The information provided by the signatory is to the best of his/her knowledge accurate.

|  |  |
| --- | --- |
| Name of GES Supervisor:  | Office Stamp  |
| Date and Signature:  |





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