**PART I: MEMBER’S PERSONAL DETAILS**

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

Name of Contributor:

|  |
| --- |
|  |

Female

Staff

I

D

:

SS

NIT

Number:

D

ate of

B

i

rt

h

*[*

*DD/MM*

*/YYYY]*

*:*

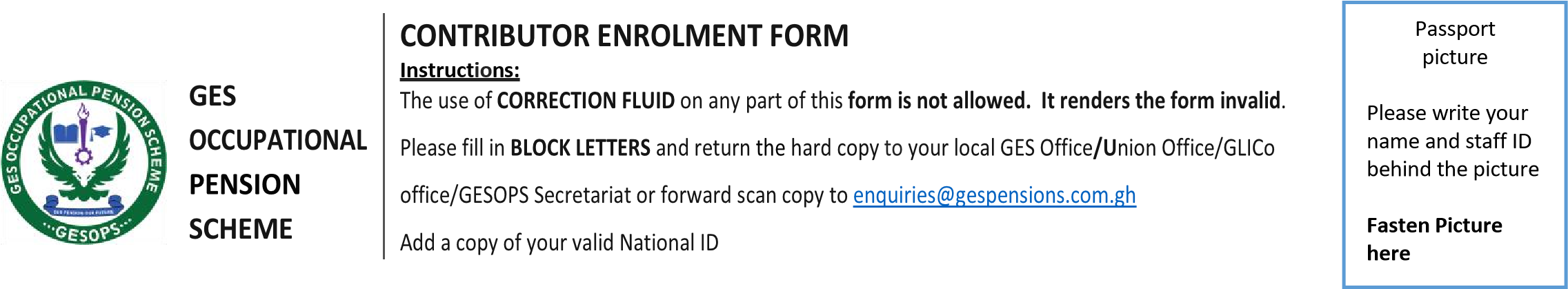
Gender:

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

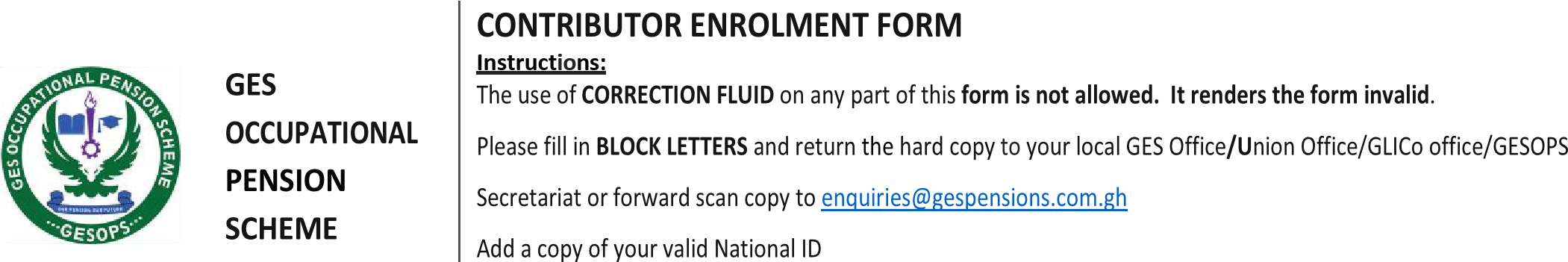
**DECLARATION BY APPLICANT**

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: |





h