

# Cash Plan

Please write clearly using block letters and tick appropriate blocks

METROPOLITAN  
LIFE  
Together We Can!

Contract number	<input type="text"/>	<input type="checkbox"/> New business	<input type="checkbox"/> Contract alteration
	<input type="checkbox"/> Replacement of an existing contract	<input type="checkbox"/> Addition/Removal of Disability Premium Waiver benefit	
	<input type="checkbox"/> Replacement of a lapsed contract	<input type="checkbox"/> Removal of Withdrawal benefit	

## 1. Contract Owner, Insured Life and Premium Payer

### Personal particulars

Title	<input type="text"/>	Surname	<input type="text"/>					
First names	<input type="text"/>							
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Marital status	<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Divorced	<input type="checkbox"/> Widowed	
Date of birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Place of birth	<input type="text"/>	Home language	<input type="text"/>

### Individual profile

Nationality	<input type="text"/>						
Form of identification	<input type="checkbox"/> Identity document	<input type="checkbox"/> Voter's identity card	<input type="checkbox"/> Driver's license card	No.	<input type="text"/>		
Occupation	<input type="text"/>			Net Household Income	<input type="text"/>		
Attach copy of Identification Document.							

### Addresses

E-mail	<input type="text"/>						
Postal	<input type="text"/>						
	<input type="text"/>	Area	<input type="text"/>				
Residential	<input type="text"/>						
	<input type="text"/>						
	<input type="text"/>	Area	<input type="text"/>				

### Telephone numbers

Work	<input type="text"/>	Home	<input type="text"/>
Mobile	<input type="text"/>	Fax	<input type="text"/>

Stop order Standing order Cash Single premium**Stop order** (Latest salary statement compulsory)

I hereby authorise the accountant of the company mentioned below to deduct the premium for this contract and to remit it monthly to Metropolitan Life. This authorisation must be kept in force until such time as I cancel this authority or submit a replacement authority in writing.

Name of employer	<input type="text"/>	Employee's ref. number	<input type="text"/>
Date of first deduction	<input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> M <input type="text"/> M <input type="text"/> D <input type="text"/> D	Date employment started	<input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> M <input type="text"/> M <input type="text"/> D <input type="text"/> D
Signature of premium payer	<input type="text"/>	Job title	<input type="text"/>
Date	<input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> M <input type="text"/> M <input type="text"/> D <input type="text"/> D		

**Standing order**

## Bank account information

Bank	<input type="text"/>	Branch name	<input type="text"/>
Account type	<input type="checkbox"/> Current <input type="checkbox"/> Savings <input type="checkbox"/> Transmission	Other	<input type="text"/>
Account holder	<input type="text"/>	Account no.	<input type="text"/>

I hereby authorise Metropolitan Life Insurance Ghana Ltd (herein referred to as Metropolitan Life) to draw from my bank/building society account (wherever it may be) the premiums (and any short payments) due in terms of the contract, without prejudice to the rights in terms of the contract from time to time and authorise my bank/building society to effect payment of such increased amount upon receipt of a notice from Metropolitan Life stating the increased amount and the date from which it is payable. This authorisation is to remain in force until I give written notice of cancellation to Metropolitan Life.

I agree that I am not entitled to recover any amount which has duly been withdrawn from my account by means of this standing order except in the case of cancellation during a cooling-off period. I furthermore agree that, in the event of my bank/building society repaying such amount to me, in error, I will refund it to Metropolitan Life. I undertake to notify Metropolitan Life of any changes in respect of my address or my bank/building society.

<input type="text"/>	Date	<input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> M <input type="text"/> M <input type="text"/> D <input type="text"/> D
Signature of account holder		

**Cash deposit(s) / Single premium**

Receipt number(s)	Date	Amount
<input type="text"/>	<input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> M <input type="text"/> M <input type="text"/> D <input type="text"/> D	<input type="text"/> GH¢
<input type="text"/>	<input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> M <input type="text"/> M <input type="text"/> D <input type="text"/> D	<input type="text"/> GH¢

**3. Contract details**

Contract type <input checked="" type="checkbox"/> Financial Provider Plus	Payment frequency <input type="checkbox"/> Monthly <input type="checkbox"/> Single	Rider benefit
Term <input type="text"/> <input type="text"/> years	AIM <input type="checkbox"/> 0% <input type="checkbox"/> 5% <input type="checkbox"/> 10% <input type="checkbox"/> 15%	<input type="checkbox"/> Disability Premium Waiver <input type="checkbox"/> Withdrawal Benefit
Basic Premium	<input type="text"/> GH¢	
Disability Premium Waiver	<input type="text"/> GH¢	
Withdrawal	<input type="text"/> GH¢	
Total Premium	<input type="text"/> GH¢ (including rider benefits)	NOTE: Benefits can not be added to Single Premiums

## 4. Insurability (Complete only if a Premium Waiver Benefit is added)

<p><b>4.1 Has the Premium Payer, or does he/she intend being employed or engaged in any of the following:</b></p> <p>(a) Flying other than as a fare-paying passenger of a recognised airline on a scheduled route</p> <p>(b) The manufacturing process of explosives</p> <p>(c) The mining industry</p> <p>(d) The liquor trade</p> <p>(e) Any hazardous sport, pursuit or occupation such as boxing, diving, motor-racing, hang gliding or handling of explosives?</p> <p><b>4.2 Has any application for insurance in respect of the Premium Payer ever been declined, postponed, withdrawn, loaded or accepted on special terms by any life insurer?</b></p> <p><b>4.3 Has there been any application for insurance, or application for reinstatement of a lapsed contract, in respect of the Premium Payer with Metropolitan Life or any other life insurer during the past 12 months? If "yes", please furnish the name of the insurer, entry/amended date and sum insured in section below.</b></p> <p><b>4.4 Does the Premium Payer consume alcohol?</b> If yes, state quantity</p> <table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;"></td> <td style="width: 10%; text-align: center;">Yes</td> <td style="width: 10%; text-align: center;">No</td> <td style="width: 15%; text-align: center;">*Beer (bottles)</td> <td style="width: 15%; text-align: center;">Wine (glasses)</td> <td style="width: 15%; text-align: center;">Spirits (tots)</td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> <tr> <td rowspan="2" style="vertical-align: middle;"><b>Premium Payer</b></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="text"/></td> <td style="text-align: center;"><input type="text"/></td> <td style="text-align: center;"><input type="text"/></td> <td style="text-align: center;">Daily</td> <td></td> </tr> <tr> <td></td> <td></td> <td style="text-align: center;"><input type="text"/></td> <td style="text-align: center;"><input type="text"/></td> <td style="text-align: center;"><input type="text"/></td> <td style="text-align: center;">Weekly</td> <td></td> </tr> </table> <p style="text-align: center; font-size: small;">* 340ml or less</p>		Yes	No	*Beer (bottles)	Wine (glasses)	Spirits (tots)			<b>Premium Payer</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Daily				<input type="text"/>	<input type="text"/>	<input type="text"/>	Weekly		<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>			
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			<input type="text"/>	<input type="text"/>	<input type="text"/>	Weekly																					
<p><b>4.5 Does the Premium Payer smoke?</b> If yes, state quantity</p> <table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;"></td> <td style="width: 10%; text-align: center;">Yes</td> <td style="width: 10%; text-align: center;">No</td> <td style="width: 10%; text-align: center;">Pipe</td> <td style="width: 10%; text-align: center;">Cigarette</td> <td style="width: 10%; text-align: center;">Other</td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> <tr> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="text"/></td> <td style="text-align: center;"><input type="text"/></td> <td style="text-align: center;"><input type="text"/></td> <td style="text-align: center;">Quantity</td> <td style="text-align: center;">Daily</td> </tr> </table> <p><b>4.6 Height</b> <input type="text"/> , <input type="text"/> metres <b>Weight</b> <input type="text"/> Kilograms</p>		Yes	No	Pipe	Cigarette	Other				<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Quantity	Daily	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>										
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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Quantity	Daily																				
<p><b>4.7 Has the Premium Payer consumed more alcohol in the past?</b></p> <p><b>4.8 Has the Premium Payer received medical advice to reduce or discontinue his/her smoking or liquor consumption?</b></p> <p><b>4.9 Is the Premium Payer on any medication or has he/she visited a doctor, hospital or institution regarding health problems or habits affecting his/her health, either physically or mentally during the last 5 years?</b></p> <p><b>4.10 Is the Premium Payer suffering from any illness, deformity or disability of whatever nature?</b></p> <p><b>4.11 Is the Premium Payer in poor physical or mental health?</b></p> <p><b>4.12 Premium Payer's Occupation:</b> <input style="width: 500px;" type="text"/></p>																											
<p>If the answers to the above questions, except for questions 4.4 to 4.6 is "yes", please complete below:</p> <table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; text-align: center;">Question</td> <td style="width: 85%; text-align: center;">Particulars</td> </tr> <tr><td style="border: 1px solid black; height: 20px;"></td><td style="border: 1px solid black; height: 20px;"></td></tr> <tr><td style="border: 1px solid black; height: 20px;"></td><td style="border: 1px solid black; height: 20px;"></td></tr> <tr><td style="border: 1px solid black; height: 20px;"></td><td style="border: 1px solid black; height: 20px;"></td></tr> <tr><td style="border: 1px solid black; height: 20px;"></td><td style="border: 1px solid black; height: 20px;"></td></tr> <tr><td style="border: 1px solid black; height: 20px;"></td><td style="border: 1px solid black; height: 20px;"></td></tr> <tr><td style="border: 1px solid black; height: 20px;"></td><td style="border: 1px solid black; height: 20px;"></td></tr> <tr><td style="border: 1px solid black; height: 20px;"></td><td style="border: 1px solid black; height: 20px;"></td></tr> <tr><td style="border: 1px solid black; height: 20px;"></td><td style="border: 1px solid black; height: 20px;"></td></tr> <tr><td style="border: 1px solid black; height: 20px;"></td><td style="border: 1px solid black; height: 20px;"></td></tr> </table>								Question	Particulars																		
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Y	Y	Y	Y	M	M	D	D																				

## 5. Particulars of doctor

<b>Particulars of doctor</b>			
Name of doctor or clinic	<input style="width: 90%;" type="text"/>		
Address	<input style="width: 90%;" type="text"/>		
	<input style="width: 200px;" type="text"/>	Area	<input style="width: 200px;" type="text"/>
		Postal code	<input style="width: 100px;" type="text"/>
Telephone	<input style="width: 200px;" type="text"/>	Fax	<input style="width: 200px;" type="text"/>

## 6. Beneficiary (If more than one beneficiary is nominated, please complete Beneficiary Nomination Form.)

<b>Personal Details</b>									
Title <input type="text"/>	Surname <input type="text"/>								
First names <input type="text"/>									
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Relationship to Life Insured <input type="text"/>								
Benefit <input type="text"/> %									
Form of identification <input type="checkbox"/> Identity document <input type="checkbox"/> Voter's identity card <input type="checkbox"/> Driver's license card	No. <input type="text"/>								
Attach copy of Identification Document.	Date of Birth <table border="1" style="display: inline-table; text-align: center; width: 100px;"> <tr> <td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>M</td><td>M</td><td>D</td><td>D</td> </tr> </table>	Y	Y	Y	Y	M	M	D	D
Y	Y	Y	Y	M	M	D	D		

<b>Addresses</b>	
E-mail	<input type="text"/>
Postal	<input type="text"/>
<input type="text"/>	Area <input type="text"/> Postal code <input type="text"/>
Residential	<input type="text"/>
<input type="text"/>	Area <input type="text"/> Postal code <input type="text"/>

<b>Telephone numbers</b>	
Work <input type="text"/>	Home <input type="text"/>
Mobile <input type="text"/>	Fax <input type="text"/>

## 7. Declaration

<p>1. I warrant that the information in this application and in all documents submitted to Metropolitan Life Insurance Ghana Ltd (herein referred to as Metropolitan Life) in connection with it, whether in my handwriting or not, is true, correct and complete and will form the basis of the proposed contract.</p> <p>2. In order to facilitate the assessment of the risk, and for the consideration of any claim, I irrevocably authorise Metropolitan Life:</p> <p>(a) to obtain from any person, any information which Metropolitan Life deems necessary, and</p> <p>(b) to share with other insurers that information and any information contained in this proposal or in any related contract or other document, either directly or through a database operated by or for insurers as a group, at any time (even after my death) and in such detailed, abbreviated or coded form as may from time to time be decided by Metropolitan Life or by the operators of such database.</p> <p>I understand and accept that my right of privacy may be infringed to the extent permitted by me in this authorisation and I waive my right to privacy to that extent.</p>	<p>3. I agree that if any material information concerning the risk on the Premium Payer has not been fully disclosed, or if I have given any untrue, incorrect or incomplete answers, Metropolitan Life reserves the right to cancel my cover and I shall forfeit all premiums paid.</p> <p>4. I understand that I am entitled to cancel this application within 30 days of the date of the letter of acceptance issued by Metropolitan Life. I agree that there will be a refund of all premiums paid, less the cost of any cover or investment enjoyed by me.</p> <p>I understand that this right applies also to any application to increase the premium on an existing contract and that any refund refers to the difference between old and new premium.</p> <p>5. <b>Replacement of contract:</b> I understand that it is not in my best interest to replace an existing contract with a new contract.</p> <p>6. I agree that if the premium received is different from the agreed premium, Metropolitan may issue the policy with the received premium.</p>								
Date <table border="1" style="display: inline-table; text-align: center; width: 100px;"> <tr> <td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>M</td><td>M</td><td>D</td><td>D</td> </tr> </table>	Y	Y	Y	Y	M	M	D	D	Signature of contract owner <input style="width: 150px; height: 40px;" type="text"/>
Y	Y	Y	Y	M	M	D	D		

## 8. Information to be completed by Intermediary(ies)

Name	Intermediary	Level code	Sales manager/ Broker consultant	Split																											
1 <input type="text"/>	<table border="1" style="display: inline-table; text-align: center; width: 100px;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>									<table border="1" style="display: inline-table; text-align: center; width: 100px;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>									<table border="1" style="display: inline-table; text-align: center; width: 100px;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table> . <table border="1" style="display: inline-table; text-align: center; width: 100px;"> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table> %												
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Signature (1)	Signature (2)	Signature (3)																													
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Y	Y	Y	Y	M	M	D	D																								
Y	Y	Y	Y	M	M	D	D																								
Y	Y	Y	Y	M	M	D	D																								

# MANDATE FORM

COMMENCEMENT DATE: .....

FIRST NAME:	<input type="text"/>		
SURNAME:	<input type="text"/>	CELL PHONE:	<input type="text"/>

## POLICY DETAILS

PRODUCT NAME:	<input type="text"/>	FREQUENCY:	<input type="text"/>
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DEBIT ORDER DEDUCTION:

PREMIUM PAYER NAME:	<input type="text"/>		
BANK NAME:	<input type="text"/>	BRANCH:	<input type="text"/>
ACCOUNT NUMBER:	<input type="text"/>	ACCOUNT TYPE:	<input type="text"/>

I the undersigned, authorize Metropolitan Life Insurance to withdraw the amount stated below from my account as premium for my policy/cies. This request should be done between the 20<sup>th</sup> of the current month to 15<sup>th</sup> of the following the commencement date stated above continuing till the end of the policy term.

I understand that the w ithdrawals hereby authorized shall be processed by electronic funds transfer and that details of each withdrawal shall be printed on my bank statement. I also understand that if any Direct Debit Instruction is paid which breaches the terms of this Authori ty, you shall not be liable in any way or manner whatsoever, whether under contract, tort or negligence and that our recourse shall be limi ted to Metropolitan Life .

I shall not be entitled to any refund of amounts which may have already been withdrawn whi le this Authority was in force if such amounts were legally owing to Metropolitan Life Insurance.

This Authority remains in force until I give Metropolitan Life Insurance a written notice of cancellation.

CLIENT SIGNATURE:	<input type="text"/>	PREMIUM: GHS	<input type="text"/>	DATE:	<input type="text"/>
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STOP ORDER DEDUCTION:

NAME OF STAFF:	<input type="text"/>		
COMPANY NAME:	<input type="text"/>		
DEPARTMENT:	<input type="text"/>	STAFF ID:	<input type="text"/>

I have made application to Metropolitan Life Insurance Ghana Ltd. for an Insurance policy and authorize you to deduct from my salary the amount required and transmit same to Metropolitan Life Insurance Ghana Ltd.

This authorization shall be effective until termination of employment or written notice by me to cancel this mandate stating when such cancellation shall be effective or until termination of this premium payment by Metropolitan Life Insurance Ghana Ltd.

CLIENT SIGNATURE:	<input type="text"/>	PREMIUM: GHS	<input type="text"/>	DATE:	<input type="text"/>
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