

Passport
Picture

Please write your
name and date of
birth behind the
photo

GLICO MASTER TRUST PROVIDENT FUND SCHEME (Tier 3)
MEMBERSHIP REGISTRATION FORM

PART I: MEMBER'S PERSONAL DETAILS (To be completed in CAPITAL letters).

CONTRIBUTOR'S NAME	Surname:	First Name:
	Other Name(s):	
PREVIOUS NAME OR MAIDEN NAME	Surname:	Other Name(s):
GENDER	<input type="checkbox"/> Male <input type="checkbox"/> Female	
DATE OF BIRTH	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Day Month Year
PLACE OF BIRTH	Town:	Country
NATIONALITY	<input type="checkbox"/> Ghanaian	<input type="checkbox"/> Non-Ghanaian
CURRENT CONTACT DETAILS	Residential Address:	
	Postal Address:	Mobile No:(if any)
	Email Address(if any):	Telephone No:(if any)
IDENTIFICATION DETAILS	Passport <input type="checkbox"/> Driver's <input type="checkbox"/> Voter's ID <input type="checkbox"/> National ID <input type="checkbox"/>	ID NUMBER: SOCIAL SECURITY NO:
	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated	
FATHER'S NAME	Surname:	Other Name(s):
MOTHER'S NAME	Surname:	Other Name(s):

PART II: MEMBER'S NEXT OF KIN/BENEFICIARIES DETAILS

I hereby declare that the person(s) whose names are indicated below are to receive any benefits due me in the event of death.

NAME	DATE OF BIRTH/AGE	RELATIONSHIP	ADDRESS	% ALLOCATION
TOTAL				100

DECLARATION

I declare that the information provided above is TRUE AND COMPLETE.

DATE

SIGNATURE OF APPLICANT

PART III: EMPLOYMENT DETAILS (To be completed by Employer)

EMPLOYER INFORMATION	Employer Name:	Social Security Employer Registration number:
	Office Location:	
	Postal Address:	
	Telephone :	Telephone 2 (if any):
	Email:	Fax:
EMPLOYEE INFORMATION	Social Security Number:	Staff I.D. Number
	Employee Monthly Salary:	

SIGNATURE, STAMP/SEAL OF EMPLOYER

NAME OF EMPLOYER'S REPRESENTATIVE

For Official Use Only

AGENT/BROKER DETAILS

Name:

Agent I.D.

Address:

Email:

Telephone number:

Agency Office:

Endorse By Office Manager:

Date of submission:

Client ID

Comments