



P. O. BOX GP3958, ACCRA, #22, JOSIP BROZ TITO AVENUE, CANTONMENTS, ACCRA
0302772778

, E-Mail: info@donewelllife.com.gh

TEL.: 0302777366, 0302763321,
Web: www.donewelllife.com.gh

GROUP PROPOSAL FORM

1. ORGANISATION'S NAME.....**SSAJUG**.....
2. MEMBER'S FULL NAME.....**KOFI GHANA**.....
3. STAFF NUMBER.....**123456**.....
4. POSTAL ADDRESS...**P. O. BOX 119, ACCRA**..... Tel. No...**0244112233**.....

5 Occupation	6 Employer	7 Date of Birth	8 Height	9 Weight	10 Sex	11 Marital Status
COURT CLERK	JUDICIAL SERVICE	6TH MARCH 1980	5.8"	62KG	M	MARRIED

12. Do you have any life assurance with DONEWELL LIFE COMPANY LTD.? YES
NO **X**

If yes, state i. Sum Assured GH¢. ...**NIL**..... ii) Premium GH¢...**NIL**..... iii) Policy
No...**NIL**.....

BENEFICIARIES

Name	Relation	Percentage	Age	Address/Tel
1. AMA GHANA	SPOUSE	50	32	0244112233
2. KOJO GHANA	SON	50	6	NIL
3.				

NOMINATED LIVES



Name:

Age

Occupation

Spouse...AMA GHANA..... ...32..... ...NURSE.....

Parent(s) 1...KWABENA GHANA..... ...72..... ...PENSIONER.....

2...AKOSUA GHANA..... ...65..... ...PENSIONER.....

Children 1...KOJO GHANA..... ...6..... ...STUDENT.....

2.....NIL..... ...NIL..... ...NIL.....

Declaration:

I hereby apply to be enrolled in the scheme and declare to the best of my knowledge and belief that the information given in this application is true and complete. I authorize any organization, institution or person that has knowledge of records concerning my health to release such information to DONEWELL LIFE COMPANY LTD. I also understand that this proposal and the statements made herein shall form the basis of the Contract.

Signature:-.....SND.....

Date.....23/08/2023.....