



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

TEL.: 0302777366, 0302763321,

0302772778

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

Web: www.donewelllife.com.gh

GROUP PROPOSAL FORM

1. ORGANISATION'S NAME.....
2. MEMBER'S FULL
NAME.....
3. STAFF
NUMBER.....
4. POSTAL ADDRESS..... Tel. No.....

5 Occupation	6 Employer	7 Date of Birth	8 Height	9 Weight	10 Sex	11 Marital Status

12. Do you have any life assurance with DOWELL LIFE COMPANY LTD.? YES
NO

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

BENEFICIARIES

	Name	Relation	Percentage	Age	Address/Tel
1.					
2.					
3.					



NOMINATED LIVES

Name:

Age

Occupation

Spouse.....

Parent(s) 1.....

2.....

Children 1.....

2.....

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:-.....

Date.....