

ORB Wealth Master Application Form

Kindly complete this form in BLOCK LETTERS
(All names should be in full; initials are not acceptable)



ORBWPP 071801063

a. Personal details of the Account Holder

Surname: ANTWI
 Other Names: ERNESTINA
 Gender: ☐ Male ☒ Female Date of Birth: 09/06/1983 Age (next birthday) 36
 Nationality: GHANAIAN
 Marital Status: ☐ Single ☒ Married ☐ Divorced ☐ Widowed ☐ Other _____
 Occupation: SALE OF HARD WARE
 Work Address: ABURASO BUS STOP NEAR TAXI STATION.
KUMASI.
 Email: _____
 Office Telephone: _____ Mobile Number: 0545848940
 Permanent Address: ABURASO NEAR PALACE, NEW SITE.
KUMASI.
 ID Type: Passport ☐ Voters' ☒ Drivers' ☐ National ID ☐ Biometric NHIS ☐ ID type provided must be valid (not expired)
 ID Number: SS 00000 582 Date of Issue: 25/03/12 Date of Expiry: _____

b. Beneficiary(ies) of the Account Holder (State additional beneficiaries on additional sheet)

	Surname	Other Name	Date of Birth	Relationship	Percentage	Address/Contact Number
1	ASARE ANTWI	ISAAC	06/09/2003	SON	100	0545848940
2						
3						
Trustee (Provide one if any of the beneficiaries is below 18 years of age)						
4	ANTWI	YAW	01/01/1977	SPOUSE		0550713680

c. Cover Details

Term of policy (Tick preferred No. of years): 4 ☒ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐

Basic Premium (GH¢): 200.00

Extra Premium (GH¢): _____

Total Premium (GH¢): _____

Initial Sum Assured (GH¢) 10,439.78

Do you wish to have the benefits increase option which maintains the value of your benefit through an automatic increase in premium and benefit as per schedule below? Yes ☐ No ☒

If yes, please tick your preferred option.

	Annual Premium Increase	Annual Benefit Increase
☐ Option 1	5%	3%
☐ Option 2	10%	6%
☐ Option 3	15%	9%
☐ Option 4	20%	12%

MEDICAL LIMITS

BENEFIT / SUM ASSURED		MEDICALS REQUIRED
AGES BETWEEN 18 & 45	AGES BETWEEN 46 & 60	
Up to GH¢75,000.00	Up to GH¢50,000.00	No Medicals
GH¢75,001 - GH¢150,000.00	GH¢50,001 - GH¢100,000.00	MER, ECG, LFT, Hepatitis B Fasting Blood Sugar, Hypertension Screen
GH¢150,001 - GH¢200,000.00	GH¢100,001 - GH¢150,000.00	MER, ECG, LFT, Hepatitis B & C Fasting Blood Sugar, Hypertension screen, Urine RE, Full Blood Count, HIV
GH¢200,001.00+	GH¢150,001.00+	MER, ECG, LFT, Hepatitis B & C Fasting Blood Sugar, Hypertension screen, Urine RE, Full Blood Count, HIV, Kidney Function Test, Lipid profile

d. Premium Payment

ORB Selling Branch: AGRIC NZEMA Account Holding Branch: AGRIC NZEMA
 Account Number: 0009303100917158
 Total Premium: 200.00
 Source of Income: Salary ☐ Business ☐ Other ☒ If Business or Other, please specify the nature of Business
 Other Source of Income: TRADE
 Frequency of Payment: ☒ Monthly ☐ Quarterly ☐ Half Quarterly ☐ Yearly

e. Medical History (Please Tick Yes or No)

Do you have or have you ever had any of the following

If yes, provide details

- Asthma, persistent cough, blood spitting, bronchitis, chest pains, tuberculosis, pneumonia, hypertension? Yes ☐ No ☒
- Fits, fit of dizziness, paralysis, stroke or any other nervous or mental disorder? Yes ☐ No ☒
- Diabetes Mellitus? Yes ☐ No ☒
- Rheumatism, sciatica, or any disorder of the bones, joints or the spine? Yes ☐ No ☒
- Skin disease, tumor or growth? Yes ☐ No ☒
- Disorder of the eyes, ears, nose or throat? Yes ☐ No ☒
- Diagnostic test such as X-ray examinations, electrocardiogram? Yes ☐ No ☒
- Bilharzia? Yes ☐ No ☒
- Any surgical operation, accident or severe injury, mutilation or amputation, any hospital treatment or medical attention not mentioned? Yes ☐ No ☒
- Are you currently taking medication? Yes ☐ No ☒

Year	Clinic/Hospital	Results	
		Treated & Discharged	Undergoing Treatment
		☐	☐
		☐	☐
		☐	☐
		☐	☐
		☐	☐
		☐	☐
		☐	☐
		☐	☐
		☐	☐

If yes give type of medication and dosage: _____

- Do you take in any alcoholic drink? Yes ☐ No ☒ If yes, state weekly consumption _____
- Do you smoke cigarette? Yes ☐ No ☒ If yes, how many sticks a day? _____

f. Insurance History (Please Tick Yes or No)

Do you have any life assurance policy? Yes ☐ No ☒

If yes, list company(ies) and the sum(s) assured: _____

1. _____ 2. _____

Have you ever been refused life assurance, your application deferred or had special terms imposed on it? Yes ☐ No ☒

Account Holder's Signature _____

Date 22-10-18

How would you like to receive your certificate? Via email ☐ Hard copy ☒

If via email provide email address: _____

g. Declaration

I declare that every statement in response to questions asked in this application is true and correct to the best of my knowledge. I agree that this application shall serve as the basis and form part of the contract. (All the questions have been explained to me in the language I understand by ABDUL QUDUS). I have been made to understand that this contract shall not become operative until all the following conditions have been met:

1. This application has been approved by StarLife Assurance Company Limited, the underwriter of the policy.
2. The first premium has been paid.
3. I satisfy all the conditions precedent to the policy especially those pertaining to my health.

Account Holder's Signature _____

Date 22-10-18

ABDUL QUDUS SHUA-EYE AGT34213/0242279758

Signature/Date QUDUS 22-10-18

Name of DSO & AGT Number & Contact

Bank Supervisor's Name USK ABDUL QUDUS

Signature/Date 22/10/18

Relationship Manager's Name COLLINS REDNA

Signature/Date 5/11/18

Office Use

Approved by _____

Policy Number _____

Signature _____

Issue Date _____

Date _____

* Terms and conditions apply



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11



DIRECT DEBIT FORM

ACCOUNT HOLDER'S NAME ERNESTINA AINTWI

ACCOUNT HOLDING BRANCH AGRIC NZEMA

ACCOUNT NUMBER

0	0	9	3	0	3	1	0	0	9	1	7	1	5	8
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DATE OF FIRST DEDUCTION NOVEMBER, 2018 DEDUCTION AMOUNT GH¢ 200.00

AMOUNT IN WORDS TWO HUNDRED GHANA CEDIS ONLY.

PRODUCT TYPE: ORB HOMECALL ☐ ORB WEALTH MASTER ☒ ORB CHILD EDUCATION ☐

FREQUENCY OF PAYMENT: MONTHLY ☒ QUARTERLY ☐ SEMI ANNUALLY ☐ ANNUALLY ☐

I have made a proposal for the bancassurance product type and authorize that my account be debited with the amount stated above and credited to Odotobri Rural Bank Ltd. This authorization shall be effective, until a written notice by me to cancel it has been issued and received stating when cancellation shall be effective.

Account Holder's Signature / Thumbprint



RT
F

Date 22/10/18 Tel: 0545848940

ACCOUNT DETAILS CONFIRMED BY:

[Signature]

Signature

Date 26/10/2018

Bank Supervisor's Name

OFFICIAL USE ONLY

Date: _____

Policy Number: _____



ELECTORAL COMMISSION OF GHANA

VOTER CARD

Polling Station Code F120801A

Voter ID 5500000582



Age 28

Sex F

Registration date 25/03/2012

Name ERNESTINA ANTWI



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