

Ghana Co-operative Credit Unions Association (CUA) Ltd. CUA RISK MANAGEMENT PROGRAMME

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SHORT APPLICATION FORM 1

NAME OF CREDIT UNION

(THE LOAN FACILITY P	ROTECTION PLAN (LFPP) PRO	OVIDES DEATH AND DISABILI	TY BENEFITS IN THE EVENT O	F INSURED'S DEATH OR DISA	ABILITY, RESPECTIVELY)
NAME:				ACCOUNT NO.	:
				TEL.#	
Date of Birth	/	/		A	ge
				Se	ex
Marital Status	Married	Single Widowed	Divorced		
Beneficiary	I	PTO Rela	ntionship		Age
Address of Bene	ficiary				
1. Have you e	ver been diagnosed	of cancer?		Yes	No
2. Have you e	ver been diagnosed	of HIV or AIDS?		Yes	No No
advice from	If yes, please speci	nave you received u are suffering from fy (for quality amoun	t	Yes	No
NOTE: If QUES COMPLETED A GH¢10,000.00 IN	TION 3, IS ANS	TO CUA LTD.;	IF ONLY THE	AMOUNT IN F	RM (2) MUST BE CORCE EXCEEDS ION IS APPROVED
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NOTE: THIS APPLICATION FORM WILL ALWAYS BE COMPLETED AT THE TIME OF APPLICATION FOR COVERAGE BUT SHOULD BE SUBMITTED TO CUA LTD. TOGETHER WITH LONG APPLICATION FORM 2 ONLY IF QUESTION 3 IS ANSWERED 'YES' OR IN CASE OF A CLAIM.