



GHANA TECHNOLOGY COMPANY LIMITED HOSPITAL REGISTRATION FORM

PICTURE
OF
STAFF

PICTURE
OF
SPOUSE

Name of Staff.....

Staff No:.....

Department.....

Name of Spouse.....

Name of Hospital/Clinic.....

NAMES OF CHILDREN

DATE OF BIRTH

- | | |
|---------|-------|
| 1. | |
| 2. | |
| 3. | |
| 4. | |

PICTURE
OF
CHILD 1

PICTURE
OF
CHILD 3

PICTURE
OF
CHILD 2

PICTURE
OF
CHILD 4

.....
Head, Human Resource

Date.....

NB: Please attach photocopy of Birth Certificate of your children.

I DECLARE AND AFFIRM THAT THE PARTICULARS I HAVE GIVEN ABOVE ARE CORRECT.

Name of Staff:..... Signature..... Date:.....