

NON-PROFIT ORGANISATION SECRETARIAT (NPOS)

MINISTRY OF GENDER, CHILDREN AND SOCIAL PROTECTION

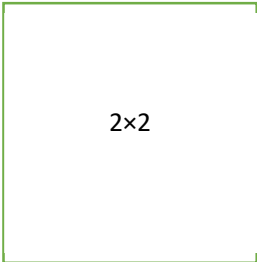


CHANGE OF KEY MANAGEMENT PERSONNEL OF NON-PROFIT ORGANISATIONS IN GHANA

Section i

(1). Personal particulars of the outgoing Official (s) { Where there are multiple officials, please print Section I for each member}

- a. Name.....
- Gender.....
- Postal Address.....
- Permanent Address.....
- Residential Address.....
- b. Previous Name (if any).....
- c. Region
- d. District.....
- e. Community
- f. Major Landmark.....
- g. Telephone
- h. E-mail
- i. Date and place of Birth.....
- j. Nationality
 - 1. Ghanaian.....
 - 2. Non-Ghanaian (state).....
 - 3. Dual citizenship.....(where applicable)
- k. Nationality at Birth.....
- l. Passport/ID Number.....
- m. Place of issue of ID/Passport
- n. TIN Number
- o. Position Held by out-going official in the Organisation.....



2. Qualifications

a. Educational Background

Name of Schools and Colleges Attended	Certificate Attained	Date	
		From	To

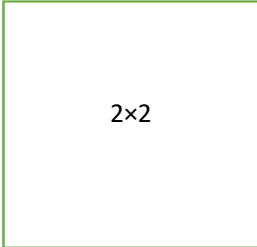
- b. Profession/Occupation
- c. Please indicate place and date of attainment
- d. Current Employment

I certify that I have read and understood the conditions. I undertake to abide by them as required and hereby confirm that the information given by me herein is correct to the best of my knowledge.

Name
 Signature.....
 Date.....

Section II

2. Personal particulars of the in-coming official (s). {Where there are officials, please print Section II for each member}



- a. Name.....
 Gender.....
 Postal Address.....
 Permanent Address.....
 Residential Address.....
- b. Previous Name (if any).....
- c. Region
- d. District.....
- e. Community
- f. Major Landmark.....
- g. Telephone
- h. E-mail
- i. Date and place of Birth.....
- j. Nationality
 - 1. Ghanaian.....
 - 2. Non-Ghanaian (state).....
 - 3. Dual citizenship.....(where applicable)
- k. Nationality at Birth.....
- l. Passport/ID Number.....
- m. Place of issue of ID/Passport
- n. TIN Number
- o. Position in-coming official in the Organisation.....

2. Qualifications

a. Educational Background

Name of Schools and Colleges Attended	Certificate Attained	Date	
		From	To

- b. Profession/Occupation.....
- c. Please indicate place and date of attainment.....
- d. Current Employment

I certify that I have read and understood the conditions. I undertake to abide by them as required and hereby confirm that the information given by me herein is correct to the best of my knowledge.

Name
 Signature.....
 Date.....