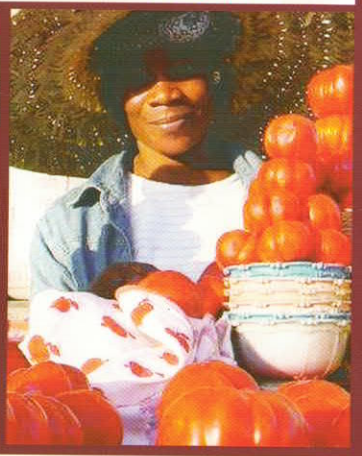
0004282

impact Life Insurance

Micro Insurance Pension Plan







Head Office: C1034/3, Tafawa Balewa Street, North Ridge, Accra - Ghana
GPS: GA-029-2222 Tel: 0596 922 343
Email: Info@impactlife.com.gh
Website: www.impactlife.com.gh

Picture

Policy Holder _____

Pension Plan Beneficiary _____

Inception Date _____

impact Life Insurance

Impact Life Insurance. P. O. Box 17753, Accra

January		
Date	Amount	Sign
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Total Number of days cont. _____
Remarks _____
Customer sign _____
Total Amount Paid _____
Officer in charge sign _____

February		
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Total Number of days cont. _____
Remarks _____
Customer sign _____
Total Amount Paid _____
Officer in charge sign _____

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Total Number of days cont. _____
Remarks _____
Customer sign _____
Total Amount Paid _____
Officer in charge sign _____

impact Life Insurance

Impact Life Insurance. P. O. Box 17753, Accra

April		
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Remarks _____
Customer sign _____
Total Amount Paid _____
Officer in charge sign _____

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Total Number of days cont. _____
Remarks _____
Customer sign _____
Total Amount Paid _____
Officer in charge sign _____

June		
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Total Number of days cont. _____
Remarks _____
Customer sign _____
Total Amount Paid _____
Officer in charge sign _____

impact Life Insurance 3

Impact Life Insurance. P. O. Box 17753, Accra

July					
Date	Amount	Sign	Date	Amount	Sign
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Total Number of days cont. _____
Remarks _____
Customer sign _____
Total Amount Paid _____
Officer in charge sign _____

August					
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Total Number of days cont. _____
Remarks _____
Customer sign _____
Total Amount Paid _____
Officer in charge sign _____

September					
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Total Number of days cont. _____
Remarks _____
Customer sign _____
Total Amount Paid _____
Officer in charge sign _____

impact Life Insurance

Impact Life Insurance. P. O. Box 17753, Accra

October		
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Remarks _____
Customer sign _____
Total Amount Paid _____
Officer in charge sign _____

November		
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Customer sign _____
Total Amount Paid _____
Officer in charge sign _____

December		
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Total Number of days cont. _____
Remarks _____
Customer sign _____
Total Amount Paid _____
Officer in charge sign _____

impact Life Insurance

Impact Life Insurance. P. O. Box 17753, Accra

January		
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Remarks _____
Customer sign _____
Total Amount Paid _____
Officer in charge sign _____

February		
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Total Number of days cont. _____
Remarks _____
Customer sign _____
Total Amount Paid _____
Officer in charge sign _____

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Total Number of days cont. _____
Remarks _____
Customer sign _____
Total Amount Paid _____
Officer in charge sign _____

impact Life Insurance

Impact Life Insurance. P. O. Box 17753, Accra

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Customer sign _____
Total Amount Paid _____
Officer in charge sign _____

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Customer sign _____
Total Amount Paid _____
Officer in charge sign _____

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Total Number of days cont. _____
Remarks _____
Customer sign _____
Total Amount Paid _____
Officer in charge sign _____

impact Life Insurance 7

Impact Life Insurance. P. O. Box 17753, Accra

July		
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Customer sign _____
Total Amount Paid _____
Officer in charge sign _____

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Customer sign _____
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Officer in charge sign _____

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Remarks _____
Customer sign _____
Total Amount Paid _____
Officer in charge sign _____

impact Life Insurance

October

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Remarks _____
Customer sign _____
Total Amount Paid _____
Officer in charge sign _____

November

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Remarks _____
Customer sign _____
Total Amount Paid _____
Officer in charge sign _____

December

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Total Number of days cont. _____
Remarks _____
Customer sign _____
Total Amount Paid _____
Officer in charge sign _____

Impact Life Insurance. P. O. Box 17753, Accra

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Officer in charge sign _____

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Total Number of days cont. _____
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Customer sign _____
Total Amount Paid _____
Officer in charge sign _____

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Total Number of days cont. _____
Remarks _____
Customer sign _____
Total Amount Paid _____
Officer in charge sign _____

impact Life Insurance

Impact Life Insurance. P. O. Box 17753, Accra

April		
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Customer sign _____
Total Amount Paid _____
Officer in charge sign _____

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Customer sign _____
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Officer in charge sign _____

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Total Number of days cont. _____
Remarks _____
Customer sign _____
Total Amount Paid _____
Officer in charge sign _____

impact Life Insurance

July		
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Total Number of days cont. _____
Remarks _____
Customer sign _____
Total Amount Paid _____
Officer in charge sign _____

August		
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Total Number of days cont. _____
Remarks _____
Customer sign _____
Total Amount Paid _____
Officer in charge sign _____

September		
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Total Number of days cont. _____
Remarks _____
Customer sign _____
Total Amount Paid _____
Officer in charge sign _____

impact
Life Insurance Limited Company

Serial No. 0004282

1. **Name of Applicant** First | Middle | Last **Title** (Mr., Mrs., Ms., Dr.)

2. **Date of Birth** (i) Day (ii) Month (iii) Year **2b. Age**

3. **Gender:** ☐ M ☐ F **4. Place Of Birth** (i) City (ii) Country (iii) Nationality

5. **Marital Status:** ☐ Single ☐ Married ☐ Divorced ☐ Widowed

6. **Full Address:**

Residence:

Permanent Mailing Address

7. **Telephone Nos.: Business** **Residence**

8. **Email:**

9. **Occupation:** **How long in Occupation**

10. **Name of Employer:**

Address:

11. Amount Applied for (Sum Insured): GH¢ _____

12. Flexible Premium Plans: Non-Participating

a. Premium GH¢ _____ per ☐ A ☐ S ☐ Q ☐ M

b. Charges + GH¢ _____

c. Total Payment = GH¢ _____

13. Beneficiary (State full name and relationship to Proposed Insured. If more than one, then will distribute proceeds equally to the suvivors unless othervise indicated.)

	NAMES	DATE OF BIRTH	RELATIONSHIP	% SHARE TO BE PAID
1.				
2.				
3.				

14. Total Insurance in Force ***(All Companies)***

a. Life Insurance now in Force ***(All comapanies)*** GH¢ _____

b. Accidental Death Insurance ***(Including Principal Sum)*** now in force GH¢ _____

	Yes	No
15. Smoking Habits *(if "yes"give details in remarks):*		
a. Have you smoked tobacco cigarettes in the last 12 months?	☐	☐
b. Have you used any form of toacco in the last 24 months?	☐	☐

	Yes	No
16. Other Insurance *(if "Yes" give details in Remarks):*		
a. Have you had any life or health insurance with any company declined, cancelled, rated, modified, or been refused issue, renewal, or reinstatement?	☐	☐
b. Will insurance, including annuities in any company be discontinued or change if the insurance applied for is issued?	☐	☐
c. Is any application for life or health insurance pending in any other company?	☐	☐
17. Aviation, Military, Avocation and Sports *(if "Yes"give details in Remarks):*		
a.Does any person to be covered intend to fly other than as a passenger or has he or she flown other than as a passenger during the past two years? (if "Yes" complete Aviation Questionnaire):	☐	☐
b. Is any person to be covered a member, or does he or she intend to become a member, of the armed forces including reserves?	☐	☐
c. Does any person to be covered participate in recreational activities involving: Powered racing, Competitive vehicles (including motorcycles, automobiles and motor boats), Aeronautics (including hand gliding, sky diving, ballooning)?	☐	☐
18. Is any person to be covered now so disable by sickness or injury as to be unable to perform any of the duties of his/her normal job? *(if "Yes", who and since when? Give details in Remarks)*	☐	☐
19. Within the last five years, to the best of your knowledge, have you or any person to be covered:		
a. Had or been told you had high blood pressure heart disease, diabetes or cancer?	☐	☐
b. Had or been told you had an immune deficiency disorder, AIDS, or the AIDS Related Complex (ARC), or any reproductive transmitted disease? *(if "Yes" give details in Remarks including name and address of attending physician)*	☐	☐
c. Had, been told or you received advice from your doctor that you are suffering from any illness (if yes please specify _____	☐	☐

REMARKS (If you answered "Yes", to any of the above, give the details

DECLARATION :

It is represented that the statement and answers given in this application are true, complete, and correctly recorded to the best of my/our knowledge and belief. It is agreed that:

(1) This application shall consist of Part 1(and Part 2) and shall be the basis for my policy issued on this application,

(2) Any policy issued on this application shall not take effect until after all the following conditions have been met:

(a) The full first premium paid,

(b) The owner has personally received policy during the lifetime of and while person(s) to be covered by such policy is/are in good health, and

(c) All of the statements and answers given in this application to the best of my/our belief must be true and complete as of the date of the owner's personal receipt of the policy and that the policy will not take effect if the facts have changed;

(3) I/We understand that omissions or misstatement in the application cause an otherwise valid claim to be denied under any policy issued from this application, subject to the incontestability of the policy;

(4) No waiver or modification shall be binding upon the company unless in writing and signed by the Managing Director and the Life Manager;

(5) The Company may indicate changes in the space for Home Office Changes in the application for administrative purposes only. Any other changes in this application shall be subject to written consent by the owner.

Signed at: _____ on _____

Day/ Month / Year

Signatures: _____ _____

Collector / Prospector *Signature of adult to be insured*

_____

Printed name of above adult to be insured

15. Smoking

a. Have you smoked tobacco

b. Have you used any form of toacco in the

October		
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Total Number of days cont. _____
Remarks _____
Customer sign _____
Total Amount Paid _____
Officer in charge sign _____

November		
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Total Number of days cont. _____
Remarks _____
Customer sign _____
Total Amount Paid _____
Officer in charge sign _____

December		
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Total Number of days cont. _____
Remarks _____
Customer sign _____
Total Amount Paid _____
Officer in charge sign _____

This policy is a legal contract between you, the Policy Owner and Impact Life Insurance.

READ YOUR POLICY CAREFULLY

POLICY SUMMARY

We will pay the Death Benefit to the Beneficiary if the Insured dies before the policy anniversary of three years.

You must pay at least the minimum premium per year shown on the coverage page or else the policy will lapse. You may vary the amount of the actual premiums paid and how often you pay them, within certain limits, as described in the Premiums Provision. Generally, you may pay premiums as long as the Insured is living. if the Insured is living at the policy anniversary of three years, we will pay the net cash value to you.

Additional benefits, if any, are provided by riders.

This is only a brief description. The insurance is fully described in the various provisions of the policy.

Note: This is a conditional policy subject to you paying a minimum premium of **GH¢50.00.**

GUIDE TO POLICY PROVISIONS

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DEFINITIONS

In this policy:

We, our or **us** means Impact Life Insurance.

You and **Your** mean the owner of this policy.

Accumulation Value is the policy's total value as described in the accumulation value section.

Age means age on the next birthday.

The beneficiary is the person to receive the proceeds in the event of the insured's death.

Cash value means the accumulation value as described in the guaranteed values section, less any surrender changes.

Lapse means termination of the policy due to insufficient premium or accumulation value.

A Monthly Deduction is an amount we withdraw from the accumulation value at the end of each policy month.

The Pay Back is the cash value of this policy at the end of three months less premium deduction and charges.

A Net Premium is 95% of any premium received.

Any notice to be given under provisions of this policy will be sent to the last known address of the owner and any assignee on record.

Reinstate means to restore coverage after the policy has lapsed.

We will use the policy date shown in the policy data to determine the monthly dates, policy anniversaries and policy years.

Rider is an attachment to the policy that provides an additional benefit at an extra cost.

PREMIUMS

Premium - we will accept a maximum amount of GH$50.00 as a premium while this policy is in force, subject to the following conditions:

1. There is a minimum premium requirement for the first three policy years. This is shown in the policy coverage page as required minimum premium per year. Premiums equal to this amount must be paid each yearly for the first three policy years.

2. Premiums shall be paid on daily basis.

Grace period for paying premiums: a grace period is a period of 31 days provided the daily contribution is enough to support the monthly premium deductions.

We will notify you that a premium has been deducted to pay for your monthly Micro Insurance Pension.

A monthly deduction is made on each monthly date for the prior month, and a nominal 31 days grace period is provided after that monthly date.

Policy Date -The Policy Date shown in the policy data will be used to determine monthly dates and policy anniversaries for the three year Period of the Policy.

Termination of Insurance -This Policy will terminate on the earliest of:

1. The monthly date following our receipt of your written request to terminate at a penalty on the policy, of three years
2. The date of lapse.

Reinstatement of Lapsed Policy - If this policy lapses, it may be reinstated unless it has been surrendered. The reinstatement will be subject to the following conditions:

1. The request for reinstatement must be made in writing Six months after the date of lapse and before the three years.
2. The Insured must continue to be insurable by our standards;
3. A premium sufficient to cover Six monthly deductions at the time of lapse must be paid.
4. You must repay any net Cash Value we paid you at the time of purchase of a Paid-Up policy.
5. The reinstated policy will be subject to any minimum premium requirement during the required premium period.(See Coverage Page and Premium provision, number 2.) If the policy lapsed during a particular policy year and is reinstated in a different policy year, you must pay a premium large enough to meet the minimum premium requirement at the time of reinstatement, with interest compounded annually at the prevailing reinstatement interest rate ;
6. The Accumulation Value of the reinstated policy will be: the net Cash value of any Paid-Up policy on the date of reinstatement; plus the surrender penalty at the time of lapse; plus any net cash value we paid you at the time of lapse; plus any loan reinstated; minus any monthly deductions due at the time of lapse.

GUARANTEED VALUES

Accumulation Values -The Accumulation value on any specified date on the policy anniversary is equal to:

1. The Accumulation Value on the last policy anniversary plus accrued interest from the last policy anniversary to Insurance

Plus 2. All net premiums paid less any Refunds since the last policy anniversary, plus accrued interest from the date each the specified date. premium is received in the Head Office to the specified date.

Minus 3. All monthly deductions charged since the last policy anniversary, plus accrued interest from each monthly date to the specified date.

A Table of policy values is included in this policy. It is based on the information you gave us when the policy was issued. The values shown may change as the declared interest rates, your premium payments and other factors change from the illustrated data. **Every year we will send you a statement of actual policy values.**

Guaranteed interest rate - There are two schedules of interest rates, namely "the current" and the "guaranteed rate". The guaranteed minimum interest rate for all policy years is **5%;** this implies the current interest rate we declare at any one time will never be less than **5%**.

In practice, we may declare a higher "current" interest rate than the "guaranteed" minimum rate at anytime.
We will never declare a current rate less than the guaranteed minimum interest rate.

Monthly Deduction – on each monthly date, the accumulation value will be reduced by the monthly deduction for the prior month.

CASH VALUE: The Cash Value is calculated as the Accumulation Value minus the full service charge.

SURRENDER OPTIONS

Partial Surrender -You may surrender a portion of this policy for its value after the second policy year if you sent us a written request. We will deduct from the policy's accumulation value the following

(a) if you have contributed between three to six months-20%

(b) if you have contributed between six to twelve months-15%

(c) if you have contributed between twelve to twenty-four-10%

(d) if you have contributed between 24-25 months-7.5%

GENERAL PROVISIONS

Incontestability of the policy-Except for fraud or non-payment of premiums, this policy will be incontestable after it has been in force during the insured life time for two years from the date of issue. This provision does not apply to any rider providing benefits specifically for death by accident.

Amount Payable is Limited in the event of Suicide - if the insured dies by suicide while sane or insane, within two years from the date of issue, our liability will be limited to the amount of the premiums paid.

Misstatement of Age or Sex in the Application - If a misstatement of age or sex is discovered while the insured is living, we will adjust the death benefit or accumulation value to the amount based on the insured's correct age and sex. If a misstatement of age or sex is discovered after the insured's death, we will adjust the death benefit.

The Contract Consists of the Policy and the Application - We have issued this policy in consideration of the application and payment of the premiums. A copy of the application is attached and is a part of this policy. The policy with the application make the entire contract. All statements made by or for the insured will be considered representations and not warranties. We will not use any statements in defense of a claim unless it is made in the application and a copy of the application is attached to this policy when issued. Insurance

Who is Authorised to Make Changes in the Policy - Only our Managing Director or the Life Manager together with our secretary have the authority to make any changes in the policy and then only in writing.

POLICY STATEMENTS AND PROJECTIONS

At least once a year, we will send a statement showing the face amount, policy value, partial surrenders, premiums paid and charges as at the statement date.

BASIS OF COMPUTATION

The cash values are based on the guaranteed monthly deduction rates and the guaranteed interest rate.

Owner of the Policy - before the insured's death, only the owner will be entitled to the rights granted by this policy. If the owner is an individual and dies before the insured, the rights of the owner belong to the executor or administrator of the owner's estate unless otherwise provided in this policy. If the owner is a partnership, the rights belong to the partnership as it exists when a right is exercised.

Assignment of the Policy - We are not responsible for the adequacy of any assignment.

However, when an assignment is filed with us and recorded by us at our Head Office the owner's rights and those of any revocable beneficiary will be subject to it Notice - Any notice to be given under the provisions of this policy will be sent to the last known address of the Owner and any assignee on record. impact

BENEFICIARY PROVISIONS

Who Receives the Death Benefit - Any benefit payable because of the death of the insured will be paid to the beneficiary. Unless changed as provided in this policy, the beneficiary will be designated in the application.

If the beneficiary is a partnership, any benefits will be paid to the partnership as it existed at the time of the insured's death.

If the Beneficiary Dies - The interest of any beneficiary who dies before the insured will terminate at the death of the beneficiary. The interest of any beneficiary who dies at the time of, or within 30 days after, the insured's death will also terminate if no benefits have been paid to the beneficiary.

If the interests of all designated beneficiaries have terminated, any benefits payable will be paid to the owner of this policy. If the owner is not living at that time, any benefits payable will be paid to the executor or administrator of the owner's estate.

How to Change a Beneficiary - You may change the beneficiary designation by filing a satisfactory written notice with us. A change of beneficiary will not be effective until recorded by us at our Head Office. When recorded, even if the insured is not then living, the change will take effect on the date it was signed, except that any benefits paid before we record change of beneficiary will not be subject to the change. A beneficiary designate irrevocably may not be changed without the written consent of that beneficiary.

Protection of the Death Benefit - To the extent permitted by law, no death benefit will be subject to the claims of any creditors of the beneficiary or to any legal process against the beneficiary.

PAYMENT OF DEATH BENEFITS

Proof of Death - Any benefit payable because of the death of the Insured will be paid when we receive due proof of the Insured's death. Such proof must be submitted to us at our Head Office. Appropriate forms will be made available to the beneficiary upon request. Any of our agents will assist in completing these forms without charge. All payments by us are payable at our Head Office.

Death Benefit - The Amount of death benefit may be affected by other policy provision, such as Policy Loans Mistreatment – of Age or Sex.

Death Benefit - The death benefit will be the greater of:

(a). the Face amount plus accumulation Value as of the date of the insured's death.

(b). the death benefit factor times the pension fund out of the date of the insured's death

We will reduce the Death Benefit by any policy loans and by the portion of the grace period premium necessary to provi insurance to the date of the Insured's death.

The net increase in Accumulation Value is the sum of all net premiums less any refunds, minus the sum of all accrued monthly deductions from the last policy anniversary to the date of death, plus accrued interest from the last policy anniversary to the date of death, minus the pro rata portion of the monthly deduction for the period from the last policy anniversary to the date of death. (See accumulation Values in the Guaranteed Values section for details). Partial surrender amounts, Partial Surrender penalties and Surrender-Penalty Fee withdrawal amounts are not included as part of the net increase in Accumulation Value for the purpose of calculating the Death Benefits as of the date of death.

Impact Life Insurance, P. O. Box 17753 Accra

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for **IMPACT LIFE INSURANCE COMPANY LIMITED**

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Date

24 impact Life Insurance

IMPACT LIFE CONTACT OFFICES

Head Office: C1034/3, Tafawa Balewa Street, North Ridge, Accra - Ghana
GPS: GA-029-2222 Tel: 0243 690 442/3
Email: Info@impactlife.com.gh Website: www.impactlife.com.gh

ABREPOR
Abrepor Junction,
Ajacent Angel fm

ASOKWA
Asokwa 4 Junction
opposite Joyflux Hotel
GPS: AK-102-8376

OBUASI
Circuit Court Road Martina
Supermarket complex Building
Opposite Railway Station.
GPS: AO-028 - 2726

NKAWKAW
Council Storey Building
Adjacent Absa Bank

KONONGO
Konongo GPRTU Main Station
Ajacent Shell Filling Station
GPS: AC-0002-9472

ASYLUM DOWN
Kaanyemi Crescent,
Asylum Down,near the NPP office

MAAMOBI
Hse no. C148/13.
Nima -mamobi highway.
In the same building
with soccer bet.
GPS: GA-020-6315

TEMA
Site 4 Opposite TDC
Community One - Tema
GPS: GT-021-0215

KASOA
First Floor,
MIC Group Plaza,
Kasoa Overpass.
GPS: GS-0642-4589

KOFORIDUA
Koforidua -Ho station
(adjacent All Nation
University College)
2nd floor, New Juaben
Municipal Assembly
Building
GPS: EN-027-0389

SWEDRU
Oda Road, opposite
2nd total filling station
BJ44,T.H Marfo St.
GPS: CO-0004-4474

TAKORADI
Adjacent Bank of Ghana,
opposite KABFAM.
GPS: WS-248-5270

TAMALE
SSNIT Road,
NLA Building
Adjecent Chicken Republic
GPS: NT-0027-6605

SOGAKOPE
Opposite the District
Hospital, Sogakope.
GPS: VU-0051 - 9626

HOHOE
Direct opposite to ADB Bank,
near Bank of Ghana.
GPS: VC-0000-9015

TARKWA
Tarkwa Akoon Road
- Dr. Forson Building
GPS: WT-0004-1431

MAMPONG
First Floor Municipal
Assembly Building
Mampong New Market,
near Video City
Mampong.
GPS: AM-0085-2811

TECHIMAN
Tuobodom Road,
Tamale Station.
Opposite Zongo LA
Primary School
GPS: TT-0013-7957

SUNYANI
VRA Road, first floor,
Delai Ventures Building
Wednesday Market Area.
Penkwasi.
GPS: BS-0008-3740