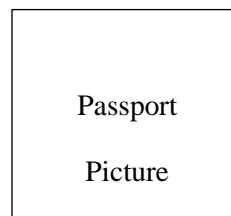


ASSEMBLIES OF GOD, GHANA
MINISTERS' REGISTRATION FORM



PERSONAL DATA

Surname: First Name: Others:

Title: Ps Rev Rev/Dr. Rev/Prof Gender: M F Nationality:

National ID Reference Type: No: (Please, attach photocopy)

Date of Birth:/...../..... Place of Birth: Hometown:

Marital Status: Married Single Divorced Widowed No of Children:

Date of Marriage:/...../..... Marriage type: Traditional Ordinance

Residential Address: Suburb / Community:

Postal Address: Date of Appointment:/...../.....

Minister Status: Full Time Tent Rank: Exhorter Licentiate Ordained

Level: Senior Pastor Associate Present Official Position:

Date posted to present church:/...../..... Previous church:

AGTS Attended: NGBC SGBC MGBC Date of Admission:/...../.....

Date of Completion:/...../..... Email:

Mobile No: Alternative No

Do you have any physical disability? Yes No

Educational Background (Certificate(s) acquired)

Institution	Year	Certificate
.....
.....
.....

CHURCH INFORMATION

Name of Church: Location:

District: Region:

Planted Date:/...../..... Pioneer Pastor:

Postal Address:

Office telephone: Email:

Direction (Using a Landmark).....

CHURCH CENSUS

Adult Membership: Total no. of males: Total no. of females:

Children Ministry: Total no. of boys: Total no. of girls:

SPOUSES' INFORMATION

Title: Ps/Mrs. Rev/Mrs. Mr. Mrs.

Surname: First Name: Others:

Nationality: National ID reference: No:

(Please, attach photocopy)

Date of Birth:/...../..... Place of Birth: Home Town:

Mobile No: Alternative No:

Official position: Occupation:

PENSION INFORMATION

Are you registered with SSNIT currently? Yes No

Please provide the details of children below 21years

Name: Date of Birth:/...../.....

Name:Date of Birth:/...../.....

Name:Date of Birth:/...../.....

Name: Date of Birth:/...../.....

Name: Date of Birth:/...../.....

Emergency Contact

Name: Phone Number:

Relationship: Location:

Declaration

I hereby declare that all information provided is true, accurate and correct as at the date given below.

Signature: Date:/...../.....

Regional Superintendent

National Administrator, MPS

Name:

Name:

Signature:

Signature:

Date:/...../.....

Date:/...../.....

Captured by.....

Date:/...../..... Signature.....

(MIS Office)