



**FIHANKRA INTERNATIONAL**

**LAND APPLICATION**

(Please Print Or Type)

**PERSONAL**

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ INITIAL \_\_\_\_\_

MAIDEN NAME \_\_\_\_\_

IF ANY AKA'S \_\_\_\_\_

COMPLETE ADDRESS \_\_\_\_\_

COUNTRY \_\_\_\_\_ REGION \_\_\_\_\_

TELEPHONE \_\_\_\_\_ FAX \_\_\_\_\_ E-MAIL \_\_\_\_\_

AGE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ MARRIED  DIVORCED  SINGLE

PASSPORT NUMBER \_\_\_\_\_ DATE OF ISSUE \_\_\_\_\_ EXPIRATION \_\_\_\_\_

DEPENDENTS:

NAME	DATE OF BIRTH	FEMALE/MALE	RELATIONSHIP
_____	_____	_____	_____
_____	_____	_____	_____

(IF MORE PLEASE, WRITE ON SEPARATE SHEET AND ATTACHED TO APPLICATION)

**EDUCATION**

HGH / SECONDARY SCHOOL ATTENDED \_\_\_\_\_

LAST GRADE COMPLETED \_\_\_\_\_

COLLEGES ATTENDED \_\_\_\_\_ DEGREES \_\_\_\_\_

PROFESSION \_\_\_\_\_ SKILLS ACQUIRED \_\_\_\_\_

**LIST TWO FAMILY CONTACT PERSONS**

1.	_____	_____	_____
	Name	Relationship	Complete address

	_____	_____	_____
	Telephone	Fax	E-mail

2.	_____	_____	_____
	Name	Relationship	Complete address

	_____	_____	_____
	Telephone	Fax	E-mail

SIGNATURE .....

DATE: \_\_\_\_\_

**INTEREST SURVEY**

TO ENABLE FIHANKRA TO IMPROVE ITS SERVICES PLEASE ANSWER THE FOLLOWING.

DO YOU REQUIRE PLAT(S) FOR RESIDENTIAL  BUSINESS  BOTH

NOTE: IF FOR BUSINESS STATE HOW MANY PLATS OF 25 SQ. FT. X 25 SQ. FT. ARE NEEDED \_\_\_\_\_.

ALSO, PLEASE ATTACH SIMPLIFIED BUSINESS PLAN.

HAVE YOU LIVED ABROAD BEFORE? YES \_\_\_\_ NO \_\_\_\_

IF YES TO ABOVE QUESTION, WHICH COUNTRY AND FOR HOW LONG? \_\_\_\_\_

LIST THE LANGUAGES YOU SPEAK \_\_\_\_\_

**HEALTH**

DO YOU HAVE ANY SPECIAL HEALTH NEEDS? YES \_\_\_\_\_ NO \_\_\_\_\_

IF YES, PLEASE IDENTIFY THEM \_\_\_\_\_

DO YOU EXERCISE REGULARLY? YES \_\_\_\_\_ NO \_\_\_\_\_

**EMPLOYMENT (OPTIONAL)**

ARE YOU EMPLOYED? YES  NO  SEEKING EMPLOYMENT IN GHANA? YES  NO

IF SEEKING EMPLOYMENT, LIST SKILLS AND TYPE OF EMPLOYMENT SOUGHT:

SELF EMPLOYED? YES  NO

IF SELF EMPLOYED WHAT TYPE OF PRODUCT OR SERVICE DO YOU SELL \_\_\_\_\_

BRIEF JOB DESCRIPTION: \_\_\_\_\_

ARE YOU INTERESTED IN STARTING A NEW COMPANY? YES  NO

IF YES IN WHAT BUSINESS SECTOR? \_\_\_\_\_

**FORWARDING INSTRUCTIONS:** PLEASE ENCLOSE IN ENVELOPE, ALONG WITH YOUR FIRST YEAR'S ANNUAL LAND ASSESSMENT, OF \$ \_\_\_\_\_ AND FORWARD TO:

**THE TREASURER  
FIHANKRA INTERNATIONAL  
P.O. BOX AB 330, AKOSOMBO,  
GHANA**

**Telephones: + (233)-244-652-602/+ (233)-244-955-650  
E-mail: [hq@fihankrainternational.org](mailto:hq@fihankrainternational.org)**