

REPUBLIC OF GHANA



REGISTRATION APPLICATION FORM FOR FACILITY



By Law (Act 829 Part Two) all “*facilities ... (see list on next page) .. connected with the storage, transportation and disposal of human remains*” **MUST** be licensed by this Agency (MoFFA).

All columns must be completed in full and all required documents must be presented in full with the completed form.

Disregarding these instructions and presenting an incomplete application package may lead to the rejection of the application or delays in the application process.

MORTUARIES AND FUNERAL FACILITIES AGENCY

MoFFA

REPUBLIC OF GHANA

1.0 Name of Facility:

.....
.....

Type of Services, please indicate by Ticking:

i. Cold storage facilities for human remains ☐ ☐ Individual body cells

☐ Group body cells

ii. Mortuary ☐

Level 1 ☐ with autopsy suite; no high risk or specialized autopsies

Level 2 ☐ with autopsy and performance of high risk or specialized autopsies

iii. Funeral Home ☐

iv. Crematorium ☐

v. Columbarium ☐

vi. Mausoleum ☐

vii. Cemetery ☐

viii. Hearse Service ☐

ix. Others ☐

(Please Specify)

REPUBLIC OF GHANA

2.0 Type of Ownership (tick $\sqrt{}$)

Government ☐ Quasi- Government ☐ Private ☐ NGO ☐

Faith-Based ☐

Others (Specify).....

Date Established (if an existing facility):.....

Capacity of the facility:.....

3.0 PROPOSED BUSINESS HOURS

Monday
.....

Tuesday
.....

Wednesday
.....

Thursday
.....

Friday
.....
.....

Saturday
.....
...

Sunday
.....
.....

Public Holidays Yes ☐ No ☐

REPUBLIC OF GHANA

4.0 FACILITY DATA

Name of facility:

.....

Postal Address:

.....

Location Address:

Digital Address (Ghana Post GPS):

.....

House Number:

.....

Town/City:

District:

.....

Landmark:

Region:

.....

Landline Phone Number(s):

.....

Mobile Number(s):

.....

E-mail Address (es):

.....

Website:

.....

REPUBLIC OF GHANA

5.0 PERSONAL DATA

OWNER/LEGAL ENTITY

.....

Surname of owner/ Surname of lead person for facility:

.....

Other names:

Title:

.....

Nationality:

Professional status: (If applicable)

.....

GPS Location and House Number:

.....

Address:

.....

Town:

District:

.....

Region:

Phone Number:

.....

E-mail:

.....

Website:

.....

REPUBLIC OF GHANA

6.0 PRACTITIONER- IN- CHARGE

Surname:

.....

Other names:

Title:

.....

Professional status:

Nationality:

.....

GPS Location and House Number:

.....

Address:

.....

Town:

District:

.....

Region:

.....

Phone Number:.....E- Mail Address:.....

Area of specialty:

.....

Professional PIN:

REPUBLIC OF GHANA

7.0 NUMBER OF EMPLOYEES:

7.1 NUMBER AND TYPE OF NON-PRACTITIONERS

- | | Type: | Number: |
|------|-------------------------------|---------|
| i. | Cleaner | |
| ii. | Security | |
| iii. | Others (Please Specify):..... | |

7.2 NUMBER AND TYPE OF PRACTITIONERS

Specify type and number:

| TYPE | NUMBER |
|------|--------|
| | |
| | |
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| | |
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| | |
| | |

Use a separate sheet if required

REPUBLIC OF GHANA

8.0 FOR NON-GHANAIAAN APPLICANTS

8.1 Personal Details

Name:

.....

Nationality:

.....

Immigration status: Tick as appropriate

Residence Permit (Photocopies to be attached?) ☐ Work Permit (Photocopies to be attached) ☐

Date of Issue:

Date of Expiry:

.....

Name of Professional Body:

PIN:

.....

Existence of Ghanaian Partnerships: Yes ☐ No ☐

8.2 Details of Partnership

Role:

.....

Position:

.....

8.3 Evidence of Professional Practice in Ghana (for a period not less than one year for practitioner)

REPUBLIC OF GHANA

9.0 DATA ON PRACTITIONERS

| NO. | Name (Surname First) | Category | Year of Qualification | Year of Reg. with MoFFA | Professional registration number (If available) | Employment Designation (part time or full time) |
|-----|----------------------|----------|-----------------------|-------------------------|---|---|
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |
| 7 | | | | | | |
| 8 | | | | | | |
| 9 | | | | | | |
| 10 | | | | | | |

ADDITIONAL INFORMATION CAN BE PROVIDED ON A SEPARATE SHEET TO BE ATTACHED TO THE FORM

REPUBLIC OF GHANA

10.0 LIST OF TYPES OF SERVICES RENDERED OR TO BE RENDERED

| NUMBER | TYPE OF SERVICE |
|--------|-----------------|
| 1 | |
| 2 | |
| 3 | |
| 4 | |
| 5 | |
| 6 | |
| 7 | |
| 8 | |

ADDITIONAL INFORMATION CAN BE PROVIDED ON A SEPARATE SHEET TO BE ATTACHED TO THE FORM

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11.0 LIST OF EQUIPMENT IN THE PRACTICE WITH THEIR TECHNICAL SPECIFICATIONS

| SEQUENCE NO. | INVENTORY NO. | TYPE OF EQUIPMENT | MANUFACTURER | MODEL | SERIAL NO. | YEAR MANUFACTURED | QUANTITY | LOCATION | FUNCTIONAL STATUS | |
|--------------|---------------|-------------------|--------------|-------|------------|-------------------|----------|----------|-------------------|----|
| | | | | | | | | | F | NF |
| | | | | | | | | | | |
| | | | | | | | | | | |
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NOTE:

F: Functional

NF: Non-Functional

REPUBLIC OF GHANA

12.0 DECLARATION

Please note that any false information given on this form is an offence and is punishable in accordance with section 55 (d) of the Health Institutions and Facilities Act, 2011 (Act 829) which states that “a person who makes a false declaration in an application for registration or for a licence commits an offence and is liable on summary conviction to a fine not exceeding five hundred penalty units or to a term of imprisonment not exceeding two years or both the fine and the imprisonment”.

I/We declare that all information contained in this application is correct.

OWNER

FULL NAME

.....

Signed.....

Date.....

PRACTITIONER – IN - CHARGE (If different from owner)

FULL NAME

Signed.....**Date**.....

REPUBLIC OF GHANA

Please send Completed Application Form and all enclosures to:

A. IN PERSON

1. The Registrar

Mortuaries and Funeral Facilities Agency.

Health Agencies Building

Old Ministry of Health

Accra

Tel: 0302956550 or 0302960940

2. The Registrar

Mortuaries and Funeral Facilities Agency

Former NABCO Office Building,

Opposite Regional Immigration Service

Ministries Road, Adum - Kumasi

Ashanti Region,

GPS M9RG+324

Tel: 0322499692

B. OR BY POST

The Registrar

Mortuaries and Funeral Facilities Agency

P. O. Box M44

Ministries

Accra

C. OR ONLINE

If online, please scan application form and all other documents to: applications@moffa.gov.gh or info@moffa.gov.gh

REPUBLIC OF GHANA
FOR OFFICE USE ONLY



REGISTRATION OF GHANAIAN PRACTITIONERS
DOCUMENT SUBMISSION RECEIPT (FEEDBACK FORM)

1.0 Name of Applicant: _____

2.0 Type of document submitted:

| Sn | Type of document | Check (✓) | Comments (if necessary) |
|-----|---|-----------|-------------------------|
| i | Completed Application Form | | |
| ii | Proof of relevant training, qualification or experience | | |
| iii | Evidence of payment of registration fee | | |
| iv | Reference from two healthcare professionals | | |
| v | Appointment letter (for those in employment only) | | |
| vi | Undertaking by supervisor (for those with no prior working experience) | | |

3.0 Application submitted by:

Name: _____ Signature: _____

Date: _____ Contact Number: _____

For office use only

4.0 Application received by:

Name: _____ Signature: _____

Date: _____

NB: MAKE A COPY FOR APPLICANT BEFORE FILING

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