



**VANGUARD ASSURANCE COMPANY LIMITED**  
**P. O. BOX 1868, ACCRA**

**WORKMEN'S COMPENSATION**

**DECLARATION OF WAGES / SALARIES**

Policy No..... Name of Insured.....

You are reminded that you are bound by the Conditions of your Policy

- (a) To keep a proper wages record;
- (b) To allow the Company at all times to inspect such record;
- (c) To Supply the Company **WITHIN ONE MONTH OF EXPIRY** of the period of Insurance with a correct account of all wages, salaries and other earnings paid during that period.

This Declaration must include the full earnings of all employees covered by the terms and conditions of the above numbered Policy. Earnings must include all wages, salaries, bonuses, tips, overtime payments or other special remuneration received by an employee and the actual value of food, fuel and quarters of similar allowances in kind.

Schedule to be completed by the insured						
In respect of period commencing..... and ending..... 20.....						
Occupation of Employees	Number employed	Cash Payment	Value of food fuel quarters and other allowances	For Office Use Only		
				TOTAL	Rate%	Premium
<b>SCHEDULE A – EMPLOYEES</b>						
SCHEDULE B - EMPLOYEES						
SCHEDULE C – COMMON LAW COVER ONLY						

I/We hereby declare that the statement of wages, salaries and other earnings set forth in the Schedule above for the period of insurance as stated is furnished by me/us in accordance with the conditions of my/our Policy.

I/We warrant that this is a true statement that includes full wages and salaries and that all allowances in kind or money have been included therein.