



GHANA INSURANCE COLLEGE REQUEST FORM

STUDENT INFORMATION	
FULL NAME	
INDEX NUMBER	
YEAR OF COMPLETION	
DATE	
SIGNATURE	
TELEPHONE NUMBER	

SERVICE REQUEST INFORMATION

TYPE OF DOCUMENT	NUMBER OF COPIES	WAITING PERIOD
ATTESTATION		2 WORKING DAYS
REFERENCE LETTER		2 WORKING DAYS
CERTIFIED COPY OF CERTIFICATE		4 WEEKS
REMARK		3 WEEKS
INTERNSHIP LETTER		2 WORKING DAYS
STATEMENT OF ACCOUNT		3 WORKING DAYS

Please note: for remark, kindly state the Module number (e.g. module 1)

After providing the needful information, please scan the form to gic.edu.gh@gmail.com

GIC OFFICIAL REQUEST FORM
FOR MORE EQUIRES PLEASE CONTACT OUR OFFICE LINE ON 0302-240642