

United Nations Nations Unies

**CONTRACT FOR THE SERVICES OF A
CONSULTANT OR INDIVIDUAL CONTRACTOR**

CONTRACT TYPE: HR active: Not Progen Relevant (See Section 2 of ST/AI/2013/4)

- 4 **WORK LOCATION AND HEALTH CERTIFICATION:** The Contractor shall perform the work assignment at the following location or locations: . In accordance with Sections 4.9 and 4.10 of ST/AI/2013/4:

The Contractor has submitted a statement of good health, confirmation of immunization, and proof of medical/health insurance covering medical evacuations and treatment for travel to hardship duty stations other than "H" and "A"

By signing below and initialling to the right, I, the Contractor, acknowledge and agree that I have read and accept the terms of this Contract, including the General Conditions of Contract set forth on the following pages, which form an integral part of this Contract, and that I have been provided with a copy of, have read and understood, and agree to abide by the standards of conduct set forth in the Secretary-General's Bulletin, ST/SGB/2003/13, of 9 October 2003, concerning "Special measures for protection from sexual exploitation and sexual abuse."

CONTRACTOR'S
INITIALS: _____

Name: Bernice Serwah OFOSU BAADU

CONTRACTOR'S

SIGNATURE: _____

DATE: 20/04/2026

AUTHORIZING OFFICER:

DATE: 20 April 2026

On behalf of the United Nations:

(Name and Title) Chayanon MESANTHASUWAN, ASSOCIATE HUMAN RESOURCES
OFFICER

SIGNATURE: _____

UNITED



NATIONS

DESIGNATION, CHANGE, OR REVOCATION OF BENEFICIARY – For Consultants and Individual Contractors

To be completed by Consultants and Individual Contractors engaged by the United Nations

I, (First, Middle, Maiden, Surname)
Bernice Serwah Ofosu-Baadu

INDEX NO.
00830584

born on (Day, Month, Year)
25/06/1972

Organization
Ghana Statistical Service

Duty Station
Addis Ababa

hereby designate the person or persons named below as my **beneficiary or beneficiaries** in respect of any amounts standing to my credit at the time of death. I understand that, should I die as a result of an incident covered by the Malicious Act Insurance Policy, the proceeds will be paid to the beneficiary(ies) named below, unless I have a surviving spouse and/or dependent child or children, in which case the proceeds of the policy will be paid to them.

NAME OF BENEFICIARY OR BENEFICIARIES	DATE OF BIRTH (DD/MM/YY)	SEX	ADDRESS	PHONE NO.	RELATIONSHIP	SHARE TO BE PAID (%)
Ernest Delius Ofosu Baadu	14/06/1966	M	P.O. Box CT 5738 Cantonments	+23355051271 7	Spouse	40
Afua Biriwaa Baadu	17/03/2000	F	P.O. Box CT 5738 Cantonments	+23355383012 8	Daughter	60
<i>(Total must add up to 100%)</i>						

The share of any beneficiary who may predecease me shall be distributed equally among the surviving beneficiaries or go entirely to the survivor. If none survive me, then the entire amount shall go to my estate.

I hereby revoke all previous designations of beneficiary made by me for this purpose and I reserve the right to revoke or change any beneficiary without his or her knowledge or consent at any time in the manner and form prescribed by the United Nations.

Signature (To be signed in front of a UN staff member as a witness)

20th April, 2026
Date

EMERGENCY CONTACT
Ernest Delius Ofosu Baadu

RELATIONSHIP
Spouse

PHONE NO.
+233266662614

ADDRESS
P.O. Box CT 5738 Cantonments, Accra

WITNESS

I, the undersigned, having no financial interest in this subject matter, directly or indirectly, hereby certify that this instrument was signed in my presence by the consultant/individual contractor having designated his or her beneficiaries on the

_____ of _____
(day) (month) (year)

(Name and Signature of UN Staff Member as a witness)

(Office/ Department / Duty Station)