



NATIONAL HOSPITAL INSURANCE FUND

P.O. Box 30443, NAIROBI

Website: www.nhif.or.ke Email: info@nhif.or.ke

Folio No:

**REGISTRATION FORM
PARTICULARS OF MEMBERS, SPOUSE AND CHILDREN**

Tick where applicable

Employed

Self/Employed

Organised Groups

Sponsored

PART I: MEMBER'S PARTICULARS

Surname: Other Names:

NHIF Card No: ID. No./Passport No./Alien I.D No.:

Year of Birth: Gender (M/F):

Employer's/Organised Group's Name/Sponsored Code:

Date of Appointment/Group Membership: Payroll No./Personal No.:

Work Station (e.g. School, Police Post, Division, TSC):

Cell Phone No.: Email Add: Postal Add:

Were you a Member before? (Y/N)

If yes state the name of the last employer / your previous No:

PART II: SPOUSE PARTICULARS

Surname: Other Names:

ID. No / Passport No. / Alien I.D No: Year of Birth:

Gender (M/F): Cell Phone No:

(Please attach photocopy of National ID cards, Passport Port No. / Alien I.D for both contributor and spouse)

PART III: CHILDRENS PARTICULARS *(Only to be provided for children under 18 years)*

Name of Child	Date of Birth				Birth Certificate No	Notification No	For official use only (Dependant No.)
	Date	Month	Year	Gender (M/F)			
1.							
2.							
3.							
4.							
5.							
6.							

(Please attach photocopies of any of the following: birth certificate, birth notification, baptismal card or immunization card)

PART V: PHOTOGRAPHS

Please attach coloured passport photographs for each of the persons named in part I, II, III. Indicate name of the person and the ID number at the back of the passport photograph.

CONTRIBUTOR

Contributor's Name:

ID No:

SPOUSE

Spouse's Name:

ID No:

1st CHILD

Child's Name:

Dependant's No:

2nd CHILD

Child's Name:

Dependant's No:

3rd CHILD

Child's Name:

Dependant's No:

4th CHILD

Child's Name:

Dependant's No:

5th CHILD

Child's Name:

Dependant's No:

6th CHILD

Child's Name:

Dependant's No:

PART VI: CERTIFICATION: I certify that the information is correct to the best of my knowledge.

Name of Contributor..... Sign..... Date

EMPLOYER'S / GROUP'S/SPONSOR AUTHORISED OFFICIAL

Name..... Sign..... Date

Official Rubber Stamp.....

FOR OFFICIAL USE ONLY

- 1. Receiving Officer _____ Sign _____ Date _____
- 2. Authorization Officer _____ Sign _____ Date _____
- 3. Data Capture Officer _____ Sign _____ Date _____
- 4. Photo processing /Card Printing Officer _____ Sign _____ Date _____