



NATIONAL HOSPITAL INSURANCE FUND

Folio No

P.O. Box 30443, NAIROBI

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

To be completed in triplicate

APPLICATION FOR EMPLOYERS REGISTRATION

EMPLOYER'S/ORGANIZED GROUP CODE

Tick where applicable *Employer* *Organised groups* *Sponsored*

- EMPLOYER'S / ORGANISED GROUP'S PARTICULARS / SPONSORED
 - Employer's Name / Name of Organised Group:
 - Postal Address:
 - Telephone Number / Mobile:
 - E-mail Address:
- Headquarters' Registered Office
 - Business Location/Branch:
 - Road/Street:
 - Building/Floor/room No.....
- Current Number of Employees/members
- Certificate/Registration Number (Attach copy)*:
- Company PIN Number (Attach copy):

.....
Full Name of Authorized Officer Employer's/Organized Group Official Stamp

.....
Signature Date

FOR OFFICIAL USE ONLY

- Checked by: Code Number issued by
 - Full Name _____ (a) Full Name _____
 - Signature _____ (b) Signature _____
 - Date _____ (c) Date _____
- Approved by:
 - Full Name _____
 - Signature _____
 - Date _____

NB: The following other documents are also valid

- Copy of Kenya Gazette
- Copy of the Act of Parliament

Official Stamp