



Afya Yetu. Bima Yetu

**NATIONAL HOSPITAL INSURANCE FUND**

P. O. Box 30443 - 00100, NAIROBI, KENYA

Website: [www.nhif.or.ke](http://www.nhif.or.ke) Email: [info@nhif.or.ke](mailto:info@nhif.or.ke)

Folio No:.....

**REGISTRATION FORM**

**DETAILS OF MEMBER, SPOUSE AND CHILDREN**

Tick where applicable  Employed  Self Employed  Organized Groups  Sponsored

**PART I: MEMBER DETAILS**

Surname:..... Other Names:.....  
N.H.I.F Card No:..... National I.D./Passport/Alien I.D No.: .....  
Date of Birth (DD/MM/YYYY): ..... Gender (Male/Female): .....  
Employer/Organized Group/Sponsor Code: .....  
Date of Appointment/Group Membership: ..... Payroll/Personal No.: .....  
Duty Station/Location: .....  
Mobile Phone No.: ..... E-Mail Address:.....  
Postal Address: ..... Post Code:.....  
Preferred Outpatient Medical Facility: Code:..... Name:.....

**PART II: SPOUSE DETAILS**

Surname:..... Other Names:.....  
ID National I.D./Passport/Alien I.D. No.: ..... Date of Birth (DD/MM/YYYY):.....  
Gender (Male/Female): ..... Mobile Phone No.: .....  
Preferred Outpatient Medical Facility: Code:..... Name:.....

*Note: Please attach copies of Identification Cards for both contributor and spouse.*

**PART III: CHILDRENS DETAILS** (Only to be provided for children aged 18 years and below)

| Name of Child | Date of Birth |       |      |            | Birth Certificate / Notification No. | Preferred Medical Facility |      |
|---------------|---------------|-------|------|------------|--------------------------------------|----------------------------|------|
|               | Date          | Month | Year | Gender M/F |                                      | Code                       | Name |
| 1.            |               |       |      |            |                                      |                            |      |
| 2.            |               |       |      |            |                                      |                            |      |
| 3.            |               |       |      |            |                                      |                            |      |
| 4.            |               |       |      |            |                                      |                            |      |
| 5.            |               |       |      |            |                                      |                            |      |
| 6.            |               |       |      |            |                                      |                            |      |

- Note:**
1. Please attach copy of Birth Certificate for All children. For children under six (6) months, birth notification is acceptable.
  2. To access a medical facility, please refer to the list of N.H.I.F accredited health facilities available in the N.H.I.F Website and Offices countrywide.

**PART IV: PHOTOGRAPHS**

Please attach one coloured passport size photo for each of the persons named in part I, II and III. Indicate the name of the person and their I.D. Number at the back of their individual passport size photo.



CONTRIBUTOR

Contributor's Name:

.....  
.....



SPOUSE

Spouse's Name:

.....  
.....



1<sup>st</sup> CHILD

Child's Name:

.....  
.....



2<sup>nd</sup> CHILD

Child's Name:

.....  
.....



3<sup>rd</sup> CHILD

Child's Name:

.....  
.....



4<sup>th</sup> CHILD

Child's Name:

.....  
.....



5<sup>th</sup> CHILD

Child's Name:

.....  
.....



6<sup>th</sup> CHILD

Child's Name:

.....  
.....

**PART V: DECLARATION:**

I hereby declare that the above information is correct to the best of my knowledge.

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

**EMPLOYER/GROUP/SPONSOR AUTHORIZED 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 \_\_\_\_\_