


NATIONAL HOSPITAL INSURANCE FUND

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

 Website: www.nhif.or.ke Email: 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's Name:



Spouse's Name:

1st CHILD2nd CHILD

Child's Name:



Child's Name:

5th CHILD6th 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