



NATIONAL HOSPITAL INSURANCE FUND

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/SPONSORS CODE

Tick where applicable

Employed

Organised groups

Sponsored

1. Employer's/ Organized Group/ Sponsor Particulars

(a) Name:

(b) Postal Address: Code:

(c) Telephone Number:

(d) E-mail Address:

2. Headquarters' Registered Office

(a) Business Location/Branch:

(b) Road/Street:

(c) Building: Floor/Room No.:

3. Certificate/Registration Number (Attach copy)*:

4. Company PIN Number (Attach copy):

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Full Name of Authorized Officer

.....

Employer's/Organized Group Official Stamp

.....

Signature

.....

Date

FOR OFFICIAL USE ONLY

1. Received By:

(a) Full Name _____

(b) Signature _____

(c) Date _____

Approved and Issued Code By:

(a) Full Name _____

(b) Signature _____

(c) Date _____

2. Inspected and Recommended By:

(a) Full Name _____

(b) Signature _____

(c) Date _____

NB: The following other documents are also valid

- Copy of Kenya Gazette
- Copy of the Act of parliament