



NATIONAL HOSPITAL INSURANCE FUND

P.O. Box 30443, NAIROBI

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

APPLICATION FOR AMMENDMENT/UPDATES

PART I: To be completed by individual member who has been issued with NHIF Card

- a) Member Name:.....
- b) Member No: I.D No.:.....
- c) Postal Address:.....
- d) Telephone No: Email:
- e) Requested Changes:.....
.....
.....

NB:

1. To input the name of a spouse for the 1st time even after a member is already registered, Copies of I.D for Member and spouse is required.
2. To change the name of spouse the following documents will be required:
 - Copies of I.D for Member and spouse
 - Either marriage certificate/Affidavit from the courts **OR** Death /Divorce Certificate

PART II: Children’s Particulars

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

(Please attach photocopies of birth certificates (or birth notification in case the child is 6 months and below)

PART III: Photographs

Please attach coloured passport size photographs for each of the person named in part I and II, indicate principal member ID and the name of the person below.



CONTRIBUTOR

Member Name

.....

Member's Reg No.



SPOUSE

Spouse's Name

.....

Dependant's No.



CHILD

Child's Name

.....

Dependant's No.



CHILD

Child's Name

.....

Dependant's No.



CHILD

Child's Name

.....

Dependant's No.



CHILD

Child's Name

.....

Dependant's No.

PART IV: Certification

I certify that the information is correct to the best of my knowledge.

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

FOR OFFICIAL USE ONLY

1. Receiving Officer _____ Sign _____ Date _____

2. Verification Officer _____ Sign _____ Date _____

3. Amending Officer _____ Sign _____ Date _____

4. Photo processing Officer _____ Sign _____ Date _____