



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):

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

FOR OFFICIAL USE ONLY

- 1. Received By: 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