



# THE UNITED REPUBLIC OF TANZANIA THE NATIONAL HEALTH INSURANCE FUND (NHIF)

## MEMBERSHIP REGISTRATION FORM

Form NHIF 1 Regulation 4 (1a)

Form status (Put  )  New  Additional  Renewal  Correction  Lost  mPlus

### SECTION 1 - MEMBERS PHOTOS ( Colored Passport sized Photograph must be attached here)

<p>Contributing Member 01</p> <p style="text-align: center;">PHOTO 4.5 x 3.5 cm 1.78 x 1.38 Inch</p> <p style="text-align: center;">01</p>	<p>NHIF Number / Membership No.: <input type="text"/></p> <p>Check Number: <input type="text"/></p> <p>Group ID No.: <input type="text"/></p> <p>ID Number: <input type="text"/></p> <p>( Put <input checked="" type="checkbox"/> ) <input type="checkbox"/> National ID <input type="checkbox"/> Passport <input type="checkbox"/> Driving Licence <input type="checkbox"/> Voter ID</p>	<p>Spouse 02</p> <p style="text-align: center;">PHOTO 4.5 x 3.5 cm 1.78 x 1.38 Inch</p> <p style="text-align: center;">02</p>	
<p>Dependant 03</p> <p style="text-align: center;">PHOTO 4.5 x 3.5 cm 1.78 x 1.38 Inch</p> <p style="text-align: center;">03</p>	<p>Dependant 04</p> <p style="text-align: center;">PHOTO 4.5 x 3.5 cm 1.78 x 1.38 Inch</p> <p style="text-align: center;">04</p>	<p>Dependant 05</p> <p style="text-align: center;">PHOTO 4.5 x 3.5 cm 1.78 x 1.38 Inch</p> <p style="text-align: center;">05</p>	<p>Dependant 06</p> <p style="text-align: center;">PHOTO 4.5 x 3.5 cm 1.78 x 1.38 Inch</p> <p style="text-align: center;">06</p>

### SECTION 2 - PRINCIPAL MEMBER DETAILS (Member to fill all the items)

<p>First name: <input type="text"/></p> <p>Middle name: <input type="text"/></p> <p>Last name: <input type="text"/></p> <p>Date of Birth: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> single <input type="checkbox"/> Divorced <input type="checkbox"/> Widow(er)</p> <p>( Put <input checked="" type="checkbox"/> )</p>	<p>Economic Activity/ Job Title: <input type="text"/></p> <p>Work Station: <input type="text"/></p> <p>District: <input type="text"/></p> <p>Address: <input type="text"/></p> <p>Mobile No.: <input type="text"/></p> <p>Email address: <input type="text"/></p>
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### SECTION 3 - DEPENDANTS DETAILS (Member to Fill all items)

	Name of Dependant	(Date of Birth) DOB						Relationship 1 - Spouse 2 - Mto 3 - Parents
		Sex: Male Female	Date	Month	Year			
02	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
03	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
04	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
05	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
06	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

### SECTION 4 - IDENTIFICATION CARDS COLLECTING OFFICE AND CERTIFICATION

I would like to collect my identification cards via ..... NHIF Office

I certify that the above information is correct and I will be held accountable for them.

Name  Signature  Date



**SECTION 5 - EMPLOYER PARTICULARS FOR EMPLOYED APPLICANTS (Employer to fill all items)**

Employer Vote:  Sub Vote:  Address:

Name of Authorized Officer:  Official Capacity:

Signature:  Date:

Official Stamp: .....

**SECTION 6 - RECEIVING AND VERIFICATION (For NHIF use Only)**

NHIF Office:   
 Name of Officer:   
 Designation:   
 Signature:   
 Date:

**HEADQUARTERS**

Name of Officer:   
 Designation:   
 Signature:   
 Date:

Official Stamp: .....

Official Stamp: .....

**ADDITIONAL REMARKS**

- 1 Pursuant to NHIF ACT, registered dependants are strictly confined to spouse, children and parents only.
2. Legal certifications of proof of your dependants should be attached with this form.
3. Ensure identity cards issued to you and your dependants are kept safely and not misused. Legal measures shall be taken upon breach of this condition.
4. Return all issued identity cards immediately upon expiry date of your membership.
5. The membership with NHIF shall be construed in accordance with the following laws of the United Republic of Tanzania, including; (National Health Insurance Fund Act, Cap 395 R.E 2002; National Health Insurance Regulations, 2002; Law of Contract Act, 1961; and any other law applicable in Tanzania).
6. Please attach copies of identification cards (National ID or Passport or Driving Licence or Voter ID).