



# 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)

Contributing Member 01  PHOTO 4.5 x 3.5 cm 1.78 x 1.38 Inch	NHIF Number / Membership No.: <input style="width: 100%;" type="text"/> Check Number: <input style="width: 100%;" type="text"/> Group ID No.: <input style="width: 100%;" type="text"/> ID Number: <input style="width: 100%;" type="text"/> (Put <input checked="" type="checkbox"/> ) <input type="checkbox"/> National ID <input type="checkbox"/> Passport <input type="checkbox"/> Driving Licence <input type="checkbox"/> Voter ID	Spouse 02  PHOTO 4.5 x 3.5 cm 1.78 x 1.38 Inch	
01  Dependant 03  PHOTO 4.5 x 3.5 cm 1.78 x 1.38 Inch	03  Dependant 04  PHOTO 4.5 x 3.5 cm 1.78 x 1.38 Inch	04  Dependant 05  PHOTO 4.5 x 3.5 cm 1.78 x 1.38 Inch	05  Dependant 06  PHOTO 4.5 x 3.5 cm 1.78 x 1.38 Inch

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

First name: <input style="width: 100%;" type="text"/>	Economic Activity/ Job Title: <input style="width: 100%;" type="text"/>
Middle name: <input style="width: 100%;" type="text"/>	Work Station: <input style="width: 100%;" type="text"/>
Last name: <input style="width: 100%;" type="text"/>	District: <input style="width: 100%;" type="text"/>
Date of Birth: <input style="width: 10%; text-align: center; font-size: small;"/> Date <input style="width: 10%; text-align: center; font-size: small;"/> Month <input style="width: 10%; text-align: center; font-size: small;"/> Year	Address: <input style="width: 100%;" type="text"/>
Marital Status: (Put <input checked="" type="checkbox"/> ) <input type="checkbox"/> Married <input type="checkbox"/> single <input type="checkbox"/> Divorced <input type="checkbox"/> Widower	Mobile No.: <input style="width: 100%;" type="text"/>
	Email address: <input style="width: 100%;" type="text"/>

### SECTION 3 - DEPENDANTS DETAILS (Member to Fill all items)

	Name of Dependant	Sex			Date			Month			Year			Relationship 1 - Spouse 2 - Mitoto 3 - Parents
		Male	Female	Date	Month	Year	Month	Year	Month	Year				
02	<input style="width: 100%;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
03	<input style="width: 100%;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
04	<input style="width: 100%;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
05	<input style="width: 100%;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
06	<input style="width: 100%;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<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 Date Month Year

**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: 

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

Official Stamp: .....

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

NHIF Office: <input type="text"/> Name of Officer: <input type="text"/> Designation: <input type="text"/> Signature: <input type="text"/> Date: <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>Date</td><td>Month</td><td>Year</td></tr><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr></table>	Date	Month	Year	<input type="text"/>	<input type="text"/>	<input type="text"/>	<b>HEADQUARTERS</b> Name of Officer: <input type="text"/> Designation: <input type="text"/> Signature: <input type="text"/> Date: <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>Day</td><td>Month</td><td>Year</td></tr><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr></table>	Day	Month	Year	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date	Month	Year											
<input type="text"/>	<input type="text"/>	<input type="text"/>											
Day	Month	Year											
<input type="text"/>	<input type="text"/>	<input type="text"/>											

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, 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).