



NATIONAL HEALTH INSURANCE SCHEME

.....Easy access to healthcare for all

Passport photograph

GROUP, INDIVIDUAL AND FAMILY SOCIAL HEALTH INSURANCE PROGRAMME (GIFSHIP) REGISTRATION FORM - GROUP (FILL IN CAPITAL LETTERS ONLY)

GROUP NAME: NIGERIAN BAR ASSOCIATION (NBA) AFFORDABLE HEALTH PLAN GROUP ID CODE:

STATE OF REGISTRATION/BRANCH: LOCATION (where applicable) NHIS HQ - FSD

SURNAME..... FIRST NAME..... MIDDLE NAME.....

GENDER (M/F) MARITAL STATUS (M/S) DATE OF BIRTH DD MM YYYY

STATE OF ORIGIN: LOCAL GOVT OF ORIGIN:

RESIDENTIAL ADDRESS.....

TOWN/CITY..... STATE:

PHONE No: EMAIL:.....

NATIONAL IDENTIFICATION NUMBER (NIN)

BLOOD GROUP: GENOTYPE:

HEALTHCARE FACILITY

HEALTH MAINTENANCE ORGANISATION (HMO) NNPC HMO

SUPREME COURT NUMBER: SIGNATURE:

OFFICIAL USE ONLY

REGISTRATION OFFICER DATE OF REGISTRATION:

GIFSHIP ID..... (ONLINE REGISTRATION ONLY)

REMITA REFERENCE NUMBER (RRR)..... (ONLINE REGISTRATION ONLY)

Kindly make payment to:
0737212802
Access Bank