FORM 1 ((r. 10(2), (r.11), (r.13), (r.14(9))

Social Health Authority

Bima Bora, Afya Nyumbani

REPUBLIC OF KENYA
SOCIAL HEALTH INSURANCE ACT, 2023
SOCIAL HEALTH INSURANCE (GENERAL) REGULATIONS, 2024

APPLICATION FOR REGISTRATION

SOCIAL HEALTH AUTHORITY REGISTRATION FORM

. PRINCIPAL MEMBER'S PERSONAL DETAILS

- **TITLE:**
- **LAST NAME(SURNAME):**
- **FIRST NAME:**
- **MIDDLE NAME:**

EMPLOYMENT TYPE

- EMPLOYED ☐
- SELF-EMPLOYED ☐
- SPONSORED ☐
- ORGANISED GROUP ☐

- **PREFERRED PRIMARY CARE NETWORK:**
- **DATE OF BIRTH:**
- **PLACE OF BIRTH:**
- **ID NUMBER:**
- **CIVIL STATUS: Single** ☐ **Separated** ☐ **Married** ☐ **Widow** ☐ **Divorced** ☐ **Widower** ☐

- **SEX:**
  - MALE ☐ FEMALE ☐
- **CITIZENSHIP:**
  - KENYAN ☐ FOREIGN NATIONAL ☐ RESIDENT ☐
- **KRA PIN:** (Required)

II. ADDRESS and CONTACT DETAILS

- **PHYSICAL ADDRESS:**
- **HOME PHONE NUMBER:**
- **MOBILE NUMBER:** (Required)
- **BUSINESS PHONE NUMBER:**
- **E-MAIL ADDRESS:**
- **COUNTY:**
- **SUB-COUNTY:**
- **WARD:**
- **POSTAL ADDRESS:**
- **PROVINCE/STATE/COUNTRY:** (If abroad)
- **ZIP CODE:**(If abroad)

III. DECLARATION OF DEPENDENTS (Use additional form if necessary)

LAST NAME (SURNAME)	FIRST & MIDDLE NAME	RELATIONSHIP	DATE OF BIRTH	PREFERRED PCN

Check if with Permanent Disability:

IV. UPDATING/AMENDMENT

- Change/Correction of Name: ☐
- Change of Dependents: ☐
- Correction of Date of Birth: ☐
- Change of Civil Status: ☐
- Change of Facility/PCN: ☐

  If you ticked above, indicate reason for change
- Updating of Personal Information/Address/Telephone Number/Mobile Number/email Address:

  ☐

V. DECLARATION

I hereby attest that the information provided, including the attached documents, is true and accurate to the best of my knowledge. I authorise SHA for validation and verification for legitimate purposes.

- **MEMBER'S SIGNATURE:**
- **DATE:**

Please affix the right thumbmark if unable to write:

FOR OFFICIAL USE ONLY

- **RECEIVED BY:**
  - Full Name:
  - Zone/Branch:

• Date & Time:
Please affix the right thumbmark if unable to write.
INSTRUCTIONS
1. All information should be written in UPPER CASE/CAPITAL LETTERS. If not applicable, write “N/A.”
2. Fields are mandatory unless indicated as optional.
3. Filled forms require a valid proof of identity for first-time registrants.
4. For updating, check the appropriate section and indicate the correct data.
5. Provide complete permanent and postal addresses and contact numbers.
6. Affix the signature or right thumbmark and date the form.
7. Declare dependents accurately.