



**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)