

DEFENCE FORCES MEDICAL INSURANCE SCHEME REGISTERED TRUSTEES

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Defence Forces Medical Insurance Scheme
Nyayo House, 19th Floor
PO Box 21710 - 00100
Nairobi, Kenya

Date.....

DEFENCE FORCES MEDICAL INSURANCE SCHEME (DEFMIS)

MEMBERSHIP APPLICATION FORM

1. I, the undersigned, would like to apply to be a member of the Defence Forces Medical Insurance Scheme with effect from (date).....

SVC No Rank..... Name.....

Unit/Formation.....

Applicant signature.....

Date.....

2. Authentication:

I certify that the above named is or was a member of the Defence Forces and is entitled to join the Defence Forces Medical Insurance Scheme and that the particulars stated are true to the best of my knowledge .

Unit CO's signature

Date Unit Stamp

When filled, this application form is to be forwarded to DHQ CAD/SAD for action.