

**DEFENCE FORCES MEDICAL INSURANCE SCHEME REGISTERED TRUSTEES**



**MEMBERSHIP DECLARATION FORM**

(To be filled by the Docus Clk)

DEFMIS Contacts - 0202340489, Nyayo House 19<sup>th</sup> Floor

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| <p><u>Checklist</u></p> <ul style="list-style-type: none"> <li>* ID Cards for Contributor and Spouse</li> <li>* Copies of ID Cards/Birth Certificates for Dependants</li> <li>* Copy Marriage Certificate/Affidavit</li> <li>* Copy of Pages 2 &amp; 3 of Red/Green Book or Discharge Certificate for DFCs</li> <li>* Retirement/Discharge Instructions</li> </ul> |
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**1. Personal Details of the Contributor**

Service Number \* ..... Rank \* .....

Name \* .....  
(First) (Middle) (Last)

Last Unit\* ..... Run Out Date (ROD) \*.....

Date of Birth \* ..... ID No \* ..... Gender \* Male  Female   
dd/mm/yyyy

Mobile No 1\* ..... Mobile No 2 \* ..... E-mail Address \* .....

Postal Address \* ..... County of Residence \* .....

**2. Personal Details of the Spouse**

Name \* .....  
(First) (Middle) (Last)

Date of Birth \* ..... ID No \* ..... Gender \* Male  Female   
dd/mm/yyyy

Mobile No 1 \* ..... Mobile No 2 \* ..... E-mail Address \* .....

Postal Address \* ..... County of Residence \* .....

Part II Orders No \* ..... Dated\* .....

**3. Dependants Details (Max of 4 Children Aged Below 21 Years of Age)**

| Name * | Date of Birth *<br><small>dd/mm/yyyy</small> | ID No/Birth Certificate Entry No * | Part II Order No & Date* |
|--------|--|------------------------------------|--------------------------|
|        |  |                                    |                          |
|        |  |                                    |                          |
|        |  |                                    |                          |
|        |  |                                    |                          |

**4. Contributor's Signature**

(A fully filled and stamped form is to be presented to DEFMIS and note that all nominated beneficiaries are to report to DEFMIS HQs for biometrics capture and issuance of medical cards after ROD and upon full payment)

Signature\* ..... Date \* .....

**5. Unit Records Office**

Docus Clerk

(Kindly note that when filled this form is to be retained by the contributor for presentation at DEFMIS with the attachments at the top right-hand corner at the end of ROD and upon full payment)

SVC No.....Rank.....Name.....Signature .....Date.....

Adjutant/ Records Officer

Rank.....Name.....SVC No.....Signature.....Date:.....  
(Stamp)