



Insurance Brokers & Risk Consultants

FOMU YA KUJIANDIKISHA COMMUNITY HEALTH PLAN



SEHEMU A: MATUMIZI YA OFISI TU

Afisa Aliyeidhinisha:	Namba Ya Uanachama
Sahihi:	Tarehe:

SEHEMU B: TAARIFA ZA MWANACHAMA MCHANGIAJI

JINA LA KWANZA:		
JINA LA KATI:		
JINA LA MWISHO:		
TAREHE YA KUZALIWA:		
HALI YA NDOA:	(Sijaolewa/Nimeolewa/Mjane/Achana)	
JINSIA:	(Me/Ke)	
ANWANI: (Box)	(Wilaya)	(Mkoa)
NAMBA YA SIMU:		
BARUA PEPE:		
Sahihi:	Tarehe:	

SEHEMU C: TAARIFA ZA WATEGEMEZI (Tafadhali jaza taarifa zote kwa ukamilifu)

S/N	Jina la Mtegemezi		Tarehe ya Kuzaliwa			Jinsia	Uhusiano
	Jina la Kwanza	Jina La Pili	Siku	Mwezi	Mwaka	(Me au Ke)	(Mwenza/Mtoto)
1							
2							
3							
4							

MALIPO YOTE YAFANYIKE KWA:

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ACCLAVIA INSURANCE BROKERS: **DTB BANK ACCOUNT NO:** 001 – 2015001

NMB BANK ACCOUNT NO: 2011-0041-067