

**SHREE VISA OSHWAL COMMUNITY**  
**P. O. BOX 40638, NAIROBI 00100, TEL: 3742030/3747689; 0733-469517**  
[admin@oshwalnairobi.org](mailto:admin@oshwalnairobi.org)

**OSHWAL MEDICAL RELIEF SCHEME**  
**SEVENTH TERM**  
**APPLICATION FORM**

Please complete all details in BLOCK CAPITALS and submit to the Secretary of  
 OSHWAL MEDICAL RELIEF SCHEME  
 PLEASE ATTACH PHOTOCOPIES OF BIRTH CERTIFICATES OR IDENTITY CARDS OR PASSPORTS.

NAME (HEAD OF FAMILY)	FATHER'S/HUSBAND'S NAME	GRAND FATHER'S NAME			
WERE YOU A CONTRIBUTOR IN 6 <sup>TH</sup> TERM?		CONTRIBUTOR NO:			
ARE YOU A VOC MEMBER? YES/NO					
OCCUPATION/PROFESSION					
EMPLOYER'S/BUSINESS NAME					
P.O. BOX	POST CODE:	NAIROBI			
TELEPHONE NO: OFFICE	/	RESIDENCE:			
MOBILE NO:					
RESIDENCE: STREET:	AREA:				
DETAILS OF YOUR FAMILY MEMBERS/DEPENDENTS (INCLUDING HEAD OF FAMILY)					
DETAILS	NAME	BIRTH DATE	BLOOD GROUP	AGE BAND	AMOUNT KSHS
1. HEAD					
2. SPOUSE					
3. CHILD 1					
4. CHILD 2					
5. CHILD 3					
6.					
7.					
OPTIONAL MATERNITY COVER					
GRAND TOTAL SHS.....					
NAME OF FAMILY DOCTOR					
P. O. BOX	TELEPHONE:				
ARE YOU INSURED FOR MEDICAL BENEFITS OR PERSONAL ACCIDENT?					
PLEASE GIVE DETAILS:					

I, together with all the members of my family in Kenya, hereby apply to be enrolled as contributing members of the OSHWAL MEDICAL RELIEF SCHEME and declare to the best of my knowledge and belief that the particulars given by me in this application are true and correct.

I confirm that I have read and understood all the Rules and Regulations of the OSHWAL MEDICAL RELIEF SCHEME and I agree to abide by them.

I authorise my Doctors to provide OMRS with such information as they may require from him/her in connection with any application for relief of medical expenses.

SIGNATURE OF APPLICANT.....  
 FOR CONTRIBUTION AMOUNTS PAYABLE PLEASE SEE OVERLEAF

DATE:.....  
 P.T.O.

**SHREE VISA OSHWAL COMMUNITY  
OSHWAL MEDICAL RELIEF SCHEME**

**CONTRIBUTION BANDS**

<u>AGE BAND</u>	<u>AMOUNT PER MEMBER PER TERM</u>
<b>A</b> <b>OVER 18 YEARS AND UNDER 25 YEARS OF AGE ON 30/04/2010</b>	<b>SHS. 25,000/=</b>
<b>B</b> <b>OVER 25 YEARS AND UNDER 40 YEARS OF AGE ON 30/04/2010</b>	<b>SHS. 35,000/=</b>
<b>C</b> <b>OVER 40 YEARS AND UNDER 50 YEARS OF AGE ON 30/04/2010</b>	<b>SHS. 42,000/=</b>
<b>D</b> <b>OVER 50 YEARS AND UNDER 60 YEARS OF AGE ON 30/04/2010</b>	<b>SHS. 50,000/=</b>
<b>E</b> <b>OVER 60 YEARS OF AGE ON 30/04/2010</b>	<b>SHS. 65,000/=</b>
<b>F</b> <b>CHILDREN UNDER 18 YEARS OF AGE ON 30/04/2010</b>	<b>SHS. 15,000/=</b>

**OPTIONAL ADDITIONAL COVER**

**MATERNITY EXPENSE** **SHS. 25,000/=**

PLEASE COMPLETE THIS FORM AND RETURN IT TOGETHER WITH YOUR REMITTANCE BY CHEQUE ONLY, TO THE SECRETARY, OSHWAL MEDICAL RELIEF SCHEME, VOC OFFICE, OSHWAL CENTRE, RING ROAD, WESTLANDS, NAIROBI

PLEASE NOTE THAT PAYMENT MUST BE BY OWN CHEQUE OR BANKER'S CHEQUE IN FAVOUR OF **VISA OSHWAL COMMUNITY – OMRS**. CASH PAYMENTS WILL NOT BE ACCEPTED

<b>FOR OFFICE USE ONLY</b>	
CONTRIBUTOR NO	
CHEQUE NO	
RECEIPT NO	
DATE OF RECEIPT	

**COMMENTS:**

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