

**SHREE VISA OSHWAL COMMUNITY**  
P. O. BOX 40638 – 00100 GPO, RING ROAD PARKLANDS, NAIROBI, KENYA  
**OSHWAL MEDICAL RELIEF SCHEME (ELEVENTH TERM)**  
**1<sup>TH</sup> MAY 2022 TO 30<sup>TH</sup> APRIL 2025**  
**APPLICATION FORM**

RENEWAL  NEW

\*For official use only

FIRST NAME	SECOND NAME	SURNAME

E-MAIL ADDRESS	MOBILE NO. 1	MOBILE NO.2

NHIF NUMBER	VOC MEMBER NO.	

OCCUPATION / PROFESSION:
BUSINESS NAME / EMPLOYER NAME:
RESIDENTIAL ADDRESS:
<b>ARE YOU OR YOUR FAMILY INSURED FOR MEDICAL / PERSONAL ACCIDENT?</b>
NAME OF INSURANCE COMPANY:

NOTE: ANY MEMBER ABOVE THE AGE OF 18 YEARS MUST SUBMIT A SEPARATE FORM

VOC MEMBER NO.	MEMBER	FULL NAME	D.O.B.	BLOOD GROUP	AGE BAND	AMOUNT
	HEAD					
	SPOUSE					
	DEPENDANT 1					
	DEPENDANT 2					
	DEPENDANT 3					
	DEPENDANT 4					
OPTIONAL MATERNITY COVER						
<b>GRAND TOTAL</b>						

- I / We, together with all the members of my family in Nairobi, Kenya, hereby apply to be enrolled as contributing members of the OSHWAL MEDICAL RELIEF SCHEME (ELEVENTH TERM) and declare that the particulars given by me in this application are correct.
- I / We authorise my Doctors / Hospital to provide OMRS with such information as they may require in regard with any application for relief of medical expenses.
- I/We understand that this is **not travel insurance**. Kindly ensure you get travel insurance before travelling.
- I / We confirm that none of the dependents listed above have any form of congenital birth defect.
- I / We confirm that I have read and understood all the Rules and Regulations of the OSHWAL MEDICAL RELIEF SCHEME (ELEVENTH TERM) and I / We agree to abide by them.

**SIGNATURE OF APPLICANT**

**DATE**

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\* PLEASE SEE OVERLEAF FOR CONTRIBUTIONS PAYABLE

# SHREE VISA OSHWAL COMMUNITY

P. O. BOX 40638 – 00100 GPO, RING ROAD PARKLANDS, NAIROBI, KENYA

## OSHWAL MEDICAL RELIEF SCHEME (ELEVENTH TERM)

1<sup>TH</sup> MAY 2022 TO 30<sup>TH</sup> APRIL 2025

### APPLICATION FORM

#### CONTRIBUTIONS PAYABLE (FOR THREE YEARS)

AGE BAND	OVER	UNDER	CONTRIBUTION
A		18 YEARS	35,000/-
B	18 YEARS	25 YEARS	55,000/-
C	25 YEARS	40 YEARS	75,000/-
D	40 YEARS	50 YEARS	110,000/-
E	50 YEARS	60 YEARS	135,000/-
F	60 YEARS	70 YEARS	180,000/-
G	70 YEARS	80 YEARS	190,000/-
H	80 YEARS		200,000/-
OPTIONAL MATERNITY COVER			25,000/-

\* CONTRIBUTIONS TO BE CALCULATED BASED ON AGE AS AT 30TH APRIL 2022

For an application submitted on or after 1st May 2022, the operative age will be as at the date of receipt of such application by OMRS. All contributions received under this scheme are non-refundable.

Kindly make payment by cheque to VOC office along with application form or any I&M branch via cheque or cash and attach proof of payment with application form and submit to VOC office.

**ACCOUNT NAME: VISA OSHWAL COMMUNITY – OMRS**

**ACCOUNT NUMBER: 00400116841450**

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FOR OFFICIAL USE ONLY:

<b>CHEQUE NO.</b>	
<b>BANK</b>	
<b>RECEIPT NO.</b>	
<b>DATE OF RECEIPT</b>	
<b>VOC NUMBER</b>	