

SHREE VISA OSHWAL COMMUNITY
P.O. BOX 40638-00100 GPO, RING ROAD PARKLANDS, NAIROBI, KENYA.
OSHWAL MEDICAL RELIEF SCHEME (TWELFTH TERM)

1ST MAY 2025 TO 30TH APRIL 2028

APPLICATION FORM

OMRS 12TH MEMBER NO.

APPLICATION NO.

FOR OFFICIAL USE ONLY

NEW

RENEWAL

11TH TERM OMRS MEMBER NO.

FIRST NAME	SECOND NAME	SURNAME

EMAIL	MOBILE NO. 1	MOBILE NO. 2

SHA NUMBER	VOC MEMBER NO.

OCCUPATION/ PROFESSION:	
BUSINESS NAME/ EMPLOYER NAME:	
ARE YOU OR YOUR FAMILY MEMBERS INSURED FOR MEDICAL/PERSONAL ACCIDENT?	
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 (DD/MM/YYYY)	BLO OD GRO UP	AGE BAND <small>AS AT 30TH APRIL 2025</small>	AMOUNT
	HEAD					
	SPOUSE					
	DEPENDANT 1					
	DEPENDANT 2					
	DEPENDANT 3					
OPTIONAL MATERNITY COVER (10, 000.00)						
GRAND TOTAL						

- I/We, together with all the member of my family in Nairobi, Kenya, hereby apply to be enrolled as contributing members of the OSHWAL MEDICAL RELIEF SCHEME (TWELFTH TERM) and declare that the particulars given by me in this application form 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 expense.
- 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 (TWELFTH TERM) and I/We agree to abide by them.

SIGNATURE OF APPLICATION

I/WE I/WE

DATE

PLEASE SEE OVERLEAF FOR CONTRIBUTION PAYABLE*

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AGE BAND		11 TH TERM EXISTING MEMBERS ONLY	NEW MEMBERS (12 TH TERM)
A	Children under 18	35,000.00	40,000.00
B	Over 18 years and under 25 years	55,000.00	65,000.00
C	Over 25 years and under 40 years	75,000.00	90,000.00
D	Over 40 years and under 50 years	110,000.00	130,000.00
E	Over 50 years and under 60 years	135,000.00	160,000.00
F	Over 60 years and under 70 years	180,000.00	210,000.00
G	Over 70 years and under 80 years	190,000.00	230,000.00
H	80 years and over	200,000.00	240,000.00
OPTIONAL MATERNITY COVER			10,000.00

Contribution to be calculated based on age as at 30th April 2025

For an application submitted on or after 1st May 2025, 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 payment with application form and submit to VOC office.

ACCOUNT NAME: VISA OSHWAL COMMUNITY – OMRS 12th TERM

ACCOUNT NUMBER: 00400116841451

FOR OFFICAL USE ONLY:

CHEQUE NUMBER:	
BANK	
RECEIPT NO.	
DATE OF RECEIPT	
VOC NUMBER	
OMRS 11TH TERM NO.	