

PERSONAL DATA FORM

NAMES: (in full)GENDER.....

CURRENT RESIDENTIAL ADDRESS

CURRENT TELEPHONE NO(s)(MOBILE)

CURRENT POSTAL ADDRESS:

COUNTYSUB-COUNTY.....WARD.....

DATE OF BIRTH.....ID NO.

BANK NAME (NATIONAL BANK) BANK A/C No.....BRANCH.....

PIN NO.NHIF NO.....

MARITAL STATUS:WIFE/HUSBANDS' NAME:

INSURANCE COVER POLICY NO.....INSURER:

IN THE EVENT OF AN ACCIDENT PLEASE INDICATE THE NEXT OF KIN TO BE CONTACTED:

<u>NAME:</u>	<u>RELATIONSHIP</u>	<u>PHYSICAL & POSTAL ADDRESS</u>	<u>TEL</u>
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- ❖ Please note that this form should be fully completed and returned to County Public Service Board
- ❖ Any subsequent changes to your personal data must be updated in writing to County Public Service Board immediately

N/B Attach copy of:

- (a) National ID
- (b) NHIF Card
- (c) PIN Card
- (d) Colored passport size photographs
- (e) Insurance cover