



MILITARY RETIREES NHIA BIO-DATA FORM

ARMED FORCES SOCIAL HEALTH INSURANCE PROGRAMME (AFSHIP)

INSTRUCTION: (i) Use Black Biro Only, (ii) Write in Capital Letters



1. Principal's Personal Data:

Surname:										First Name:										Middle Name:																																																	
Rank:										Service No:										State of Origin										DOB:																																							
Sex										Marital Status (M/S/D/SP)										Age										Blood Group										National Identity Number										WhatsApp Preferred										Telephone Number									
Residential Address (Not P.O.Box or P.M.B)										State of Residence										Local Government of Residence																																																	

2. Arm of Service: Army ☐ Navy ☐ Air Force ☐ (Tick as appropriate)

Principal Provider's Data

Code / / Name

3. Spouse

First Name Sex Blood Group Date of Birth National Identity Number
State of Residence Local Government of Residence Telephone Number

Spouse Provider's Data

Code / / Name

4. Biological Children:

Child 1
First Name Sex Blood Group Date of Birth National Identity Number
State of Residence Local Government of Residence Telephone Number

Provider's Data

Code / / Name

Child 2
First Name Sex Blood Group Date of Birth National Identity Number
State of Residence Local Government of Residence Telephone Number

Provider's Data

Code / / Name

Child 3
First Name Sex Blood Group Date of Birth National Identity Number
State of Residence Local Government of Residence Telephone Number

Provider's Data

Code / / Name

Child 4
First Name Sex Blood Group Date of Birth National Identity Number
State of Residence Local Government of Residence Telephone Number

Provider's Data

Code / / Name

Employee Use gum only to affix Photograph 3cm x 3.5cm	Spouse Use gum only to affix Photograph 3cm x 3.5cm	Child 1 Use gum only to affix Photograph 3cm x 3.5cm	Child 2 Use gum only to affix Photograph 3cm x 3.5cm	Child 3 Use gum only to affix Photograph 3cm x 3.5cm	Child 4 Use gum only to affix Photograph 3cm x 3.5cm
---	---	--	--	--	--

Principal

DHML Enrolment Officer's Details

Name: Signature:

Signature

Date