



DEFENCE HEALTH MAINTENANCE LIMITED

Pre-Enrolment Form for Additional Dependents

Instructions: (i) Complete with UPPER CASE using black biro (ii) Attach relevant documents (iii) Authority to proceed to pay will be issued only from DHML HQ (iv) Applicants are advised to provide functional telephone lines.

1. Principal's Data:

<input type="text"/>	<input type="text"/>	<input type="text"/>
Surname	First Name	Middle Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Rank	Service Number	<input type="checkbox"/> NA <input type="checkbox"/> NN <input type="checkbox"/> NAF Telephone Number

2. Dependent's Data:

<input type="text" value="BIOLOGICAL CHILD"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
First Name	Sex	Blood Group	DD MM YY Date of Birth	Telephone Number	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
State of Residence	Local Government of Residence		National Identity Number (NIN)		
<input type="checkbox"/>	<input type="text"/>		<input type="text"/>		
Marital Status (S=single, M=Married, D=Divorced)	Name of Spouse		Telephone Number		

3. Dependent's Educational Details:

<input type="text"/>	<input type="text"/>	<input type="text"/>
Name of Institution	DD MM YY Year of Admission	DD MM YY Expected Graduation Year
<input type="text"/>		
Programme		

4. Occupational Details:

<input type="text"/>	<input type="text"/>
Name of Organization	Location

5. Recommendation:

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Name/Signature:

Date:

6. Approval:

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Name/Signature:

Date: