DATE: 02/06/2023 EMPLOYER NAME COUNTERHNIE CONSULTANTI (KENGA) C7D P.O. BOX. 1322-6066
DEAR SIR/ MADAM,
RE: NOTIFICATION OF EMPLOYER REGISTRATION.
1. Following receipt of your application for registration as an employer under the National Hospital
Insurance Fund Act No 9 of 1998 of the Laws of Kenya, I am pleased to advise you that
registration number
2. Under provisions of the above Act, you are now required to commence remittance of
contributions in respect of your employees with effect from
3. Please ensure that the first remittance of contributions from you is made without delay, and thereafter continue to remit each months contribution on or before the 9 <sup>th</sup> day of the month
following the one to which the payment relates.
The second that all of your employees are registered as NHIF members. Those who are not
4. Please ensure that all of your employees are registered should be sent with and introduction letter and their national ID card/ Passport for
non Kenyans to the NHIF office nearest to you for registration.
For further advice and information please contact the NHIF office nearest to you.

YOURS FAITHFULLY

COMPLIANCE OFFICER...

FOR: BRANCH MANAGER - NHIF NAIROBI BRANCH