

Folio No.....

NATIONAL HOSPITAL INSURANCE FUND
P.O. Box 30443, NAIROBI
website www.nhif.or.ke
To be completed in triplicate

APPLICATION FOR NEW EMPLOYER'S REGISTRATION

EMPLOYER'S / ORGANISED GROUP CODE NO..... 140725

Tick where applicable

Employer

Organised groups

Sponsored



1. EMPLOYER'S / ORGANISED GROUP'S PARTICULARS / SPONSORED

(a) Employer's Name/Name of Organised Group..... CVL General Supply Ltd.

(b) Postal Address..... 71-651-00622

(c) Telephone Number / Mobile 0782 399 988 / 0726 296 339

(d) E-mail Address..... info@infotechgroup-ed.com

2. Headquarters' Registered Office

(a) Business Location/Branch..... Madona House suite 307

(b) Road/street..... Mpaka Rd Westlands Road

(c) Building/Floor/room No..... Madona House suite 307 3rd floor

3. Current Number of Employees/members 3

4. Certificate/Registration number(Attach copy)*..... P.V.I. AAAJZZ

5. Company PIN Number (Attach copy)..... POS16280122

Lilimu usen mupesa

Full Name of Authorized Officer

Employer's / Organised Group Official Stamp


Signature


Date

FOR OFFICIAL USE ONLY

1. Checked by:

Code Number issued by

(a) Full Name.....
(b) Signature.....
(c) Date.....

(a) Full Name..... Lilimu usen mupesa
(b) Signature..... 
(c) Date..... 18/5/18

2. Approved by:

(A) Full Name.....
(B) Signature.....
(C) Date.....

THE NATIONAL HOSPITAL INSURANCE FUND
P.O. Box 719
SARIT CENTRE

Official Stamp

*NB: The following other documents are also valid
-copy of Kenya Gazette
-copy of the Act of Parliament



Awa Yetu Bima Yetu

Compliance Certificate

This is to Certify that

CVL GENERAL SUPPLY LIMITED

C 140 725

Is compliant in respect to provisions of the

NHIF ACT No 9 of 1998

For the period up to and including

9TH MARCH 2020

This certificate is the property of NHIF.

Signed: *[Signature]*
FOR: CHIEF EXECUTIVE

Date: 16/01/2020
Official Rubber Stamp

THE NATIONAL
HOSPITAL
INSURANCE FUND
P. O. Box 719
SARIT CENTRE
WESTLANDS