



Free Health Schemes
(Public Private Partnership Scheme - General Practitioners, Dental Practitioners and Medical Laboratories Services)

Application Form

Section A. Personal Information

Title: First Name:

Last Name: Date of Birth:

Phone: Email Address:

Residential Address: Postal Address:

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Applicants BRN #: Date of Birth:

Occupation:

Section B. Identification

Please tick which of photo identification you are submitting:

Drivers License Voter I.D Card FNFP Joint Card

Card Number:

Section C. Household Details

No. of Adults in household: No. of Children in household:

List of Wage earners in household & annual income (gross):

Wage Earner	Annual Income
<i>first & last names</i>	<i>before tax & FNFP deductions</i>

Section D. List of Household Members to Access the Free Health Schemes

Name (first & last names)	BRN #	Photo Identification – Voter ID / FNFP Joint Card (copy to be attached)	Date of Birth	Gender	Mobile Number	Email	Occupation

****Note:** For children below the age of 18, please upload a clear / visible photo (of the applicant only)

Section E. Declaration

By ticking this box , I declare that:

- (a) the gross annual income of individual applied including any other applicants under this application is \$30,000 or less;
- (b) to the best of my knowledge, no other member of my household has applied for, or is planning to apply to qualify under the initiative; and
- (c) I understand that the provision of false information to Government for the purposes of receiving a benefit is an offense under the False Information Act 2016 and may result in a requirement to repay the benefit, a fine of up to \$20,000 or an imprisonment term of up to 10 years or any or all of the forgoing.

Section F. Declaration Signature

I, (full name)

of, (residential address)

solemnly and sincerely declare that the information contained in this form is true and correct and I make this solemn declaration believing the same to be true and by virtue of the Statutory Declarations Act (Cap.43).

Declared at _____

this _____ day of _____ 2024

before me and I certify that the declaration was read over in thelanguage to the declarant who appeared to fully understand the meaning thereof.

Signature of Applicant:

Signature of Witnessing Officer by virtue of the Statutory Declaration Act (Cap. 43)

Name:

Office Held:

Required Documents:

This form should be completed and submitted with the following documents for further assessment;

- Statutory Declaration Form – Duly Endorsed and Stamped by JP/ Legal Officer/ District Officer or Provincial Officer
- Birth Certificate of the applicant
- Valid Photo ID
- TIN Letter of Joint Card (FNPF/ FRCS)
- Evidence of individual income of \$30,000 or less per annum / Copy of Latest- Certified Payslip

For Official Use Only

DIVISION	West	North	Central/Eastern
TICK ONE			
VERIFIED AND UPDATED BY			
STAMPED	The following form/ declarations has been provided by the customer		
	Statutory Declaration Form	Application Form	
	Valid Photo ID	Tin Letter or Joint FNPF/FRCS Card	
	Latest Certified Payslip	Birth Certificate	