

Marian University College

A Constituent College of St. Augustine University of Tanzania

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APPLICATION FOR A WAIVER OF PAYING NHIF CONTRIBUTION

PART I STUDENT'S PARTICULARS AND DECLARATION *(To be filled by the student)*

Name of the student: Reg. No:

Year of study: Programme:

Student's Declaration: I have a valid Health Insurance Card Number of *(Name of the Insurance Company)* of which a copy

is attached to this form. I therefore request for a waiver thereof

Student's signature: Date:

PART II COMMENTS BY THE DEAN OF STUDENTS *(To be approved by the Dean of Students after consultation with the relevant NHIF Office)*

The request is hereby **APPROVED / NOT APPROVED** for the following reasons:

.....
.....

Dean of Students Signature & Stamp: Date:

PART III COMMENTS BY THE BURSAR *(Original copy to be kept at the Bursar's Office)*

The request has been implemented in the student's invoice as recommended in part II above.

Bursar's Signature & Stamp: Date:

"Wisdom and knowledge for freedom"

