



TARABA STATE CONTRIBUTORY HEALTH INSURANCE AGENCY

TRADER'S REGISTRATION

**Principal
Client's
Passport**

Affix recent
passport

Client's Name: Surname: _____ Other Name: _____

Date of Birth (DD/MM/YYYY) _____ Sex: _____

Marital Status: _____ No of Children: _____

State of Origin: _____ LGA: _____

Residential Address: _____

Market Location: _____ LGA: _____ Type of Trade: _____

Mobile Number (1) _____ (2) _____ Email: _____

Client Signature: _____ Date: _____

MANAGEMENT

Chairman's Signature: _____ Date: _____

Secretary Signature: _____ Date: _____

ES IMSHIA Signature: _____ Date: _____

BANK INFORMATION

Account Name: _____

Account No: _____



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