



**UNIVERSITY OF MALAWI MEDICAL SCHEME
(UNIMED)
STUDENT CARD REPLACEMENT REQUEST FORM**

I request for a replacement of my UNIMED membership card which was:

1) LOST:

☐

2) DAMAGED:

☐

3) OTHER (Please explain):

MEMBERSHIP DETAILS

SURNAME:

FIRST NAME(S):

DATE OF BIRTH:

YEAR TO BE OUT:

LOCATION:

MEMBERSHIP NUMBER:

PAYMENT DETAILS

Please Deposit a card replacement fee of **MK7,500.00** to the following account and fax the deposit slip together with this form to UNIMED on **(+265) 01 524 666**

Account name:

UNIVERSITY OF MALAWI MEDICAL SCHEME

Account type:

CURRENT

Bank:

NATIONAL BANK OF MALAWI

Branch:

ZOMBA

Account number:

273279

MEMBER'S SIGNATURE: _____ DATE: _____

FOR UNIMED USE ONLY:

Approved: _____ Signature _____ Date Stamp _____