



Nationwide Medical Insurance

P.M.B. 108, Airport, Accra- Ghana

Tel:0302-226892

Call Center: 0800 222 222

PLEASE WRITE ALL INFORMATIONS IN CAPITAL LETTERS

CARD REPLACEMENT / MEMBERSHIP UPDATE FORM

1

CARD REPLACEMENT: Lost / Damaged Card Faded Card
INFORMATION UPDATE: Change of Name Date of Birth

PREVIOUS NAME

Surname	First Name	Other Name (s)
Date of birth(dd/mm/yyyy):		

CURRENT NAME

Surname	First Name	Other Name (s)
Date of birth(dd/mm/yyyy):		

Name of Principal Member:..... Signature..... Date.....

2

CARD REPLACEMENT: Lost / Damaged Card Faded Card
INFORMATION UPDATE: Change of Name Date of Birth

PREVIOUS NAME

Surname	First Name	Other Name (s)
Date of birth(dd/mm/yyyy):		

CURRENT NAME

Surname	First Name	Other Name (s)
Date of birth(dd/mm/yyyy):		

Name of Principal Member:..... Signature..... Date.....

3

CARD REPLACEMENT: Lost / Damaged Card Faded Card
INFORMATION UPDATE: Change of Name Date of Birth

PREVIOUS NAME

Surname	First Name	Other Name (s)
Date of birth(dd/mm/yyyy):		

CURRENT NAME

Surname	First Name	Other Name (s)
Date of birth(dd/mm/yyyy):		

Name of Principal Member:..... Signature..... Date.....

COMPANY AUTHORIZATION

Name _____ Designation _____

Stamp

Date _____

Please note that the issuance of a replacement card for any reason except for cards which may be faded for reasons that are directly attributable to printing processes shall attract a replacement fee.