



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

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

1) LOST:

2) DAMAGED:

3) OTHER (Please explain):

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**MEMBERSHIP DETAILS**

SURNAME:

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FIRST NAME(S):

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DATE OF BIRTH:

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DATE JOINED:

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COLLEGE:

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COVER:

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MEMBERSHIP NUMBER:

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**PAYMENT DETAILS**

Please Deposit a card replacement fee of **MK2500.00** 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 \_\_\_\_\_