



UNIVERSITY OF MALAWI MEDICAL SCHEME

DEPENDANTS AMMENDMENT FORM

SECTION A – MEMBERSHIP DETAILS

NAME OF MEMBER _____
MEMBERSHIP NUMBER _____
UNIVERSITY _____
COVER _____
CELLPHONE _____

SECTION B – DEPENDANTS TO BE ADDED

(Attach **TWO** passport size photos for each dependent with their name at the back)

SURNAME	FIRSTNAME	RELATIONSHIP TO MEMBER	DATE OF BIRTH	COVER

SECTION C – DEPENDANTS TO BE DELETED

SURNAME	FIRSTNAME	RELATIONSHIP TO MEMBER	DATE OF BIRTH	COVER

Please amend my membership details by **adding/deleting** (tick the appropriate) my dependents as indicated above.

Signature:..... Date:.....