AMAANAH INSURANCE

MEDICAL INSURANCE
LOST CARD APPLICATION FORM

APPLICATION INSTRUCTIONS:

1. To be completed by Employee (For Himself and on behalf of the Dependents).
2. Application Form must be **signed** and **stamped** by your **HR/Admin Manager Coordinator** where indicated Without sign and stamped by HR/Admin Manager applications forms cannot be accepted.
3. Be sure **your** (Principal Member) **Sign** and Date. Without your sign applications form cannot be accepted.

1. LOST CARD INFORMATION

No	Full Name	Membership No
1		
2		
3		
4		

2. DECLARATION

I, the undersigned principal applicant member declare that I/my dependent(s) lost the Medical Card of Amanah Insurance. I also declare that if I find the said medical card at any time in future, I shall return to the Amanah Insurance for cancellation. I also agreed and declare that due to any act of omission or negligence on my part, which may cause loss to the Amanah Insurance with regard to this Medical Card, I shall indemnify Amanah Insurance for such loss.

Date

Signature of Principal Member

3. PAYMENT INSTRUCTION (Lost Card will be issued subject to Payment Confirmation)

For each Lost Card Issue Charge: **USD 10** for Each Lost

Dahabshil Account: **HRG77311** **or** Zaad: **435280**

THIS SECTION FILLED UP BY THE EMPLOYER/ORGANIZATION

Request to Amanah Insurance for Issuing the above-mentioned Lost Card (s)

Stamp of Employer (Mandatory)

Signature of HR/ADMIN Coordinator

Date:

Full Name:

THIS SECTION FILLED UP BY AMANAH INSURANCE

FINANCE Department (Pls. Select and Write)				**Medical Underwriting Department**	
	Payment Confirmed	**USD**			Confirmed Printing
Signature				**Signature**	
Full Name				**Full Name**	