



NATIONAL HEALTH INSURANCE SCHEME

CHANGE OF PROVIDER FORM

PHOTOGRAPH
OF
PRINCIPAL
ENROLEE

PRINCIPAL ENROLEE DEPENDANT(S) BOTH (Please tick the appropriate box)

PRINCIPAL ENROLEE'S DETAILS:

NHIS NO. SURNAME FIRST NAME TELEPHONE NO.

ORGANISATION/
LOCATION

FIRST NAME	OLD PROVIDER & CODE	NEW PROVIDER & CODE

REASON FOR CHANGE

PRINCIPAL ENROLEE'S SIGNATURE & DATE

FOR OFFICAL USE ONLY

MODE OF REQUEST (Please Tick)

VISIT TO NHIS POST OTHER (Please Specify)

.....
Receiving Officer

.....
Signature

.....
Date

.....
Authorising Officer

.....
Signature

.....
Date

.....
Effected by

.....
Signature

.....
Date