



Military Medical Insurance (MMI)
Po Box: 6219 KIGALI-RWANDA
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E-mail : info@mmi.gov.rw
Web site : www.mmi.gov.rw

NEW MMEMBERSHIP CARD REQUEST FORM/ IFISHI YO GUSABA IKARITA NSHYA
(MEMBERS Rtd)

Amazina y' umunyamuryango/ Names of the Member:

SVC No (ihuye na konti ya CSS) :.....aho akorera(unit)

Igihe umunyamuryango yavukiye/ Date of birth:...../...../.....

No y' indangamuntu y' Umunyamuryango /Member' ID No:

Igihe yinjiriye mu kazi / date of entry/...../.....

Igihe arangirije akazi / date of end service/...../.....

Aho mutuye / Residence information: Intara/Province.....Akarere/ District:.....

Umurenge/Sector :.....Akagari/ Cell.....

Umudugudu:.....Street No//Umuhanda.....

Email :.....Contacts/Tel :.....

Ibisabwa mu gihecyogufata MMI cardnshya/ Requirements on New MMI cardreceipt:

1. 01 PP Colour/Ifoto 01 ifite ibarakandi y' umweruinyuma.	4. Original and 1 copy of local authorities birth certificate.
2. Original and 1 copy of Mariage certificate (spouse)	5. Police certificate of declaration of loss
3. Original and 1 copy of Maternity birth certificate.	6. Acte de reconnaissance
	7. Acte d'adoption
	8. Ku bataye amakarita ; ifoto ngufi, ifite ibara ryera ; bordereau yishyurwaho amafanga 5000 kuri iyi konti ya MMI 7020843 iri muri Z-CSS. icyemezo cy'uko wataye ikarita ya MMI gitanga na RNP Cy 'umwimerere.

The Applicant recognizes that the information delivered is true/ Kwemerzamakuruatanzwe.	<u>Amazinan' umukono/Names and signature</u>
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MMI APPROVAL.

Received by :..... Signature :..... Position :..... Date :/...../2022	Approved by :..... Signature & Stamp. :..... Position :..... Date :/...../2022
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