



Military Medical Insurance (MMI)  
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**NEW MMI MEMBERSHIP CARD REQUEST FORM/ IFISHI YO GUSABA IKARITA**

**NSHYA**  
**(Spouse;Children)**

Amazina y' Uwishingirwa/ Names of the dependant: .....

No y' indangamuntuyaMadamu/ Umwana / National ID No (18 Yrs above): .....

**Or**

No y' indangamuntu y' Umubyeyi /Parents' ID No: .....

Igiheumugorecyangwaumwanayavukiye/Date of birth..... /...../.....

Amazina y' Umunyamuryango/ Member' names: .....

SVC No ( ihuyenakontiya CSS) :.....Unit :.....

Ahomutuye / 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 Card**

<ol style="list-style-type: none"><li>01 PP Colour/Ifoto 01 ifiteibarakandi y' umweruinyuma.</li><li>Original and 1 copy of Mariage certificate (spouse)</li><li>Original and 1 copy of Maternity birth certificate.</li><li>Original and 1 copy of local authorities' birth certificate.</li></ol>	<ol style="list-style-type: none"><li>Acte de reconnaissance</li><li>Acte d'adoption</li><li>Ku bataye amakarita ; ifoto ngufi,ifite ibara ryera ; bordereau yishyuweho amafranga 5000 kuri iyi konti ya MMI 7020843 iri muri Z-CSS. icyemezo Cy'uko wataye ikarita ya MMI gitanga na RNP Cg RIB Cy 'umwimerere.</li></ol>
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The Applicant recognizes that the information delivered is true/ Kwemerzamakuruatanzwe.	<b><u>Amazina n'umukono/Names and signature</u></b> ..... .....
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**MMI APPROVAL.**

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