

FORM 4

IDENTITY CARD
(Regulations 17 and 95 A)

Insurance No.

<p>Name <input type="text"/></p> <p>Sex <input type="text"/></p> <p>Son/daughter/wife of <input type="text"/></p> <p>Year of birth <input type="text"/></p> <p>Address <input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p> <p>Dispensary <input type="text"/></p> <p>Local Office <input type="text"/></p> <p>Prepared by</p> <p>Signature or thumb-impression of the employee</p>	<p>Identification marks</p> <p>Photograph of the Insured Person</p> <p>Employment changes</p> <p>Date No. Code No. Date Code</p>
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