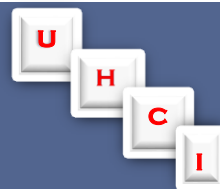




Umoyo Health Care Insurance

New Applicant Registration Form (P1)



Off Zalewa Road,
P.O. Box 1772,
Blantyre.
Tel: +265995408466
Website: www.uhci.mw

Instructions (PRINT): Complete all the fields Clearly.

A. Principal Client Personal Data

First Name		Last Name		Title		Date of Birth			Gender		Employer Name		
				Mr/Mrs/Ms/Other		dd	mm	yyyy	M	F			
ID Type				No.					Expiry date		dd mm yyyy		
Address													
Phone No.				Mobile No.				Email					
Policy Type and Payment Method													
Select	1. Blue	2. Blue Plus		3. Bronze		4. Silver		5. Gold		5. Platinum			
Dependent(s)	Full Name				Date of Birth		Gender		Relationship				
1.													
2.													
3.													
4.													
D. PAYMENT METHOD		Employer		Direct bank transfer		Cash		Other (mobile money)					
E. PLAN (monthly)		1	3	6+	1	3	6+	1	3	6+	1	3	6+
F. Are you currently on another medical aid scheme?						Yes		No					
G.	Medical Information: In the past 1 year have you or your dependents ever been diagnosed, treated or given medical advice by a health worker (all that apply)												
1	Malaria						8	Kidney or urinary tract disorder					
2	Anemia, blood disorder						9	Thyroid or other gland disorder					
3	Diabetes, insulin related						10	Back, neck or spinal disorder					
4	Asthma, pneumonia, other lung disease						11	Mental, nervous disorder					
5	Ulcers, stomach, liver disorder						12	COVID-19					
6	Epilepsy, paralysis, or dizziness						13	Arthritis or any muscle weakness					
7	Cancer or tumor						14	Chest pain or heart trouble					
8	Hypertension (High Blood Pressure)												

Full Name:

Signature

Date

/ /

COMMENTS

Checked By

Registration No.

U Card No.

Signed

Date