

APPLICATION FOR CORRECTION OF ERRORS IN PLASTIC CARD

Name of Beneficiary : _____

Ben ID No. : _____

Name of Family Members : _____

Dispensary No. : _____

Nature of Error/correction required : _____

Contact Telephone No./Mobil No. : _____

Signature of Applicant

Returned Old Plastic Card & Received Correct Card

Signature of Signatory Authority