



Rhodes University Medical Scheme

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FORM TE05 – REQUEST FOR DUPLICATE MEMBERSHIP CARD

TO BE COMPLETED BY THE MEMBER

NAME : _____

POSTAL ADDRESS: _____

I, _____ wish to apply for a duplicate membership card.

MEMBERSHIP NUMBER :

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REASON FOR REQUEST: _____

MEMBER'S SIGNATURE

DATE

TO BE COMPLETED BY EMPLOYER



EMPLOYER/COMPANY STAMP

NAME

DATE

