

Request Form - Replacement of Medical Insurance Card

*Please complete this form using **BLOCK LETTERS** and submit it to the International Office.
Kindly make payment directly to EMGS' bank account. **DO NOT PAY CASH TO THE INTERNATIONAL OFFICE.***

| | | |
|--------------------------|-------------------------------|---------------------------------|
| Name as per Passport | | |
| Student ID Number | | |
| Passport Number (LATEST) | | |
| (OLD) | (Previously used at Taylor's) | |
| Nationality | | |
| Mobile Number | | |
| Email Address | | |
| Reason(s) for Request | <input type="checkbox"/> | Erroneous details on Card |
| | <input type="checkbox"/> | Loss of Card |
| | <input type="checkbox"/> | Change of Passport |
| | <input type="checkbox"/> | Others, please state reason(s): |

Declaration Statement:

I hereby declare that the above information is true, accurate, and complete to the best of my knowledge. I understand that any false, misleading or incomplete information may result in the immediate termination of this process and could lead to further action if necessary.

I also wish to confirm that I have:

1. paid EMGS the relevant fee via online transfer
2. attached a copy of the transfer slip
3. attached a copy of my passport (latest, and old (if applicable))

Payment is to be made to:

Name of Account: EMGS Escrow Account 1
Account Number: 514057662341
Swift Code: MBBEMYKLXXX

| | | |
|-------|-----------|-------|
| | | |
| Name | Signature | Date |

For Office Use

| | | |
|--------------------------------|------------------------------|-------------------------------------|
| Date of Receipt of Application | Date of Request Sent to EMGS | Date of Receipt of Replacement Card |
| Name of Staff | Signature | Date |