FOR EMPLOYERS USE

	DAY	MONTH	YEAR
Date of Registration	1st	/	/
Scheme Type			
Firm's Number			

masm

P.O. Box 1254, BLANTYRE, MALAWI.
TELEPHONE: 01 820 298 / 543, FAX: 01 820 217.
Email-management@masmw.com

M.R. 1a

FOR THE SOCIETY'S USE ONLY

AMENDMENT TO EXISTING DECLARATION

NOTE: → New Applicants – See Reverse ← SHADED AREAS FOR SOCIETY'S USE ONLY

REGISTERED SURNAME **MEMBERSHIP NO.**

FIRST NAMES:.....

TYPE OF CHANGE SHOULD BE INDICATED BY ✓ IN APPROPRIATE BOX

	CHANGE IN	PARTICULARS OF CHANGE
	MARITAL STATUS	*(Please Indicate new status)* ☐ SINGLE ☐ MARRIED ☐ WIDOWED ☐ DIVORCED ☐ SEPARATED
	SURNAME	*(Please give new surname)*
	FIRST NAME	*(Please give new names in full)*
	EMPLOYER	PRESENT..... DATE JOINED:..... PREVIOUS..... DATE LEFT .....
	OCCUPATION	
	ANY OTHER CHANGE (NOT SPECIFIED ABOVE)	*(Please give details)*

☐ CHANGE IN PARTICULARS OF DEPENDANTS

(PLEASE INDICATE BY ✓ IN APPROPRIATE BOX IF DEPENDANT IS TO BE ADDED/DELETED)

MEMBER NO. SUFFIX SURNAME OF DEPENDANT TO BE ADDED/DELETED ADD DELETE

FIRST NAME ONLY OTHER INITIALS DATE OF BIRTH DAY MONTH YEAR

RELATIONSHIP TO MEMBER..... RACE..... SEX.....DEPENDANTS DOCTOR'S NAME

EFF. DATE TYPE DOC NO. TRAN.

(PLEASE INDICATE BY ✓ IN APPROPRIATE BOX IF DEPENDANT IS TO BE ADDED/DELETED)

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EFF. DATE TYPE DOC NO. TRAN.

I hereby certify the above information is correct and confirm that it does not invalidate my previous declaration.

Today's Date:..... Signature:.....