URG –Statement of Lost ID
Rev. 2
12 Oct. 2012

MediCard Philippines Inc.
8th Floor, The World Centre Building
330 Sen. Gil Puyat Avenue, Makati City 1200

STATEMENT OF LOST CONTRACT / ID CARD

KNOW ALL MEN BY THESE PRESENTS:

I, _____ of _____
(Name of Member)
_____, hereby depose and state:

That I am a bonafide member of **MediCard Philippines, Inc.** with the following data:

Account No. : _____ Date of Birth : _____

Company Name:_____BASIC PROGRAM:_____

That the MediCard id/contract issued to me as a member by MediCard Philippines Inc. could not be found;

That I am executing this to attest to the truth of the foregoing and to request from MediCard for a replacement of said Id/contract;

That I hereby agree to pay an amount equivalent to Php _____to **MediCard PHILIPPINES , INC.** as payment for the new Contract/ID card.

Date at _____ this _____ day of _____.

_____
Signature of Member

SIGNED IN THE PRESENCE OF:

_____ _____
Signature of Agent Signature of Member