



# NATIONAL HEALTH INSURANCE NOTIFICATION OF CHANGE FORM

Form O

**INSTRUCTIONS:** Please use block letters. Supporting documents must be submitted with the completed form.

**NHI REGISTRATION NUMBER:** \_\_\_\_\_

**PARTICULARS**

**PREVIOUS DETAILS**

**NEW DETAILS**

SURNAME:

OTHER NAME(S):

ADDRESS:

TELEPHONE NO.:

EMAIL:

DATE OF BIRTH:

DD MM YYYY

EMPLOYER:

EMPLOYMENT DATE:

ENDED EMPLOYMENT: DD MM YYYY

MARITAL STATUS:

SINGLE | MARRIED | DIVORCED |  
WIDOWED ☐ | SEPARATED ☐ | COMMOM-LAW-SPOUSE ☐

SPOUSE'S NAME:

SPOUSE'S STATUS:

EMPLOYED ☐ | SELF-EMPLOYED ☐  
UNEMPLOYED ☐ | RESIDING OVERSEAS ☐

STARTED EMPLOYMENT: DD MM YYYY

SINGLE | MARRIED | DIVORCED |  
WIDOWED ☐ | SEPARATED ☐ | COMMOM-LAW-SPOUSE ☐

EMPLOYED ☐ | SELF-EMPLOYED ☐  
UNEMPLOYED ☐ | RESIDING OVERSEAS ☐

To be completed by new employer where applicable:

Name .....

Designation.....

Date: D\_\_\_ M\_\_\_ Y\_\_\_

I hereby certify that the information provided is true and correct.

Signature .....

Date: D\_\_\_ M\_\_\_ Y\_\_\_

COMPANY STAMP

**OFFICIAL USE ONLY**

Officer's Name:

Signature: \_\_\_\_\_

Date: D\_\_\_ M\_\_\_ Y\_\_\_