



Authorisation Form Health Care Card

I, the below-mentioned beneficiary, herewith authorise the below-mentioned representative to collect the 'Health Care Card' health insurance card on my behalf. I confirm that this representative is authorised to receive the health insurance card and to sign for reception on my behalf. I am furthermore aware that this authorised representative may have to provide additional details for identification purposes. This information is necessary to verify the dossier and will be modified if necessary. The details concerned are as follows:

1 Details beneficiary

Name: _____

Surname: _____

Date of birth: _____

ID Number: _____

Email address: _____

Telephone number: _____

Bank account number _____

Name of account holder _____

Name and place of bank _____

2 Details authorised representative

Name: _____

Surname: _____

Date of birth: _____

ID Number: _____

date (ddmmyyy)

Signature authorised representative:

Signature beneficiary

To be filled in by ZJCN

Handled by: _____

> Please complete and sign this form to authorise the representative to collect the health insurance card on your behalf.

> When collecting the Health Care Card it is imperative that the authorised representative produces both their identification and that of the beneficiary. Please note that the only accepted means of identification is a valid Sédula.