



**MediCard**  
*Prescribed by Doctors*

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

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

**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