

High Life



Sar Bheatha

High Life Amendments Form

Please Complete This Form in Block Capitals

Primary's MRM No: First Name: Last Name:

Member to be: **Added / Removed** (Please Circle) MRM No. (Office Use)
Title: First Name: Last Name:
Date of Birth: Age: Gender: **Male / Female** (Please Circle)

Member to be: **Added / Removed** (Please Circle) MRM No. (Office Use)
Title: First Name: Last Name:
Date of Birth: Age: Gender: **Male / Female** (Please Circle)

Member to be: **Added / Removed** (Please Circle) MRM No. (Office Use)
Title: First Name: Last Name:
Date of Birth: Age: Gender: **Male / Female** (Please Circle)

Member to be: **Added / Removed** (Please Circle) MRM No. (Office Use)
Title: First Name: Last Name:
Date of Birth: Age: Gender: **Male / Female** (Please Circle)

Member to be: **Added / Removed** (Please Circle) MRM No. (Office Use)
Title: First Name: Last Name:
Date of Birth: Age: Gender: **Male / Female** (Please Circle)

Member to be: **Added / Removed** (Please Circle) MRM No. (Office Use)
Title: First Name: Last Name:
Date of Birth: Age: Gender: **Male / Female** (Please Circle)

SIGNATURE: DATE:

For Official Use Only
Entered on System - Name: Date: