



MINISTRY OF FINANCE

APPLICATION AS HEALTHCARE SERVICE PROVIDER
Applicant Details

To be completed and submitted for an Application as Healthcare Service Provider for the Public Service Employees' Medical Aid Scheme ("PSEMAS").

1. Personal Details of Applicant

Surname

Given Name(s)

Country and Town of Birth

Nationality

Country of Residence

Gender (Male/Female)

Location of place of employment

If multiple, state locations

Identification Number Include a certified copy of identification

Passport Number (if applicable) Include a certified copy of passport

Visa/Permit Number (if applicable) Include a certified copy of Visa/Permit

Direct Business Telephone Number/Mobile Number

Email Address

Handwritten initials and signature

Postal Address

Residential Address

2. Profession and qualifications

Medical Doctor (tick "✓" if applicable)

Professional Nurse (tick "✓" if applicable)

Pharmacist (tick "✓" if applicable)

Dentist (tick "✓" if applicable)

Other (specify) (tick "✓" if applicable) _____

Educational qualifications

Qualification	Year	Institution

Professional qualifications

Professional Body	Year	Status

3. Employment history for the last 10 years (start with the most recent)

3.1
Employer's Name
Type of Business
Address
Contact Number
Contact Email

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