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AUCTION HOLDINGS LIMITED
(MSIKA WA FODYA)

APPLICATION FOR MEMBERSHIP (KALATA YOLOWELA UMEMBALA WA MASM)

Only new applicants can complete this form (Oyankha mafunso papapalali ndi okhao omwe akufuna kukhala ma membala a masm)
Please read the notes on the back of this form before completing (Chonde werengani ndi kumvetsetsa mfundo zomwe ziri kuseli kwa pepalali musanayankhe mafunso ali onse)

BLOCK A: EMPLOYER / ACCOUNT HOLDER DETAILS (Block A to be completed by Account Holder Only)

GAWO A: AMENE ANAKULEMBANI NTCHITO KAPENA AMENE AMALIPIRA KU MASM

Name of Club /Farmer (Dzina la kalabu/ Mlimi) Registration Date D D M M Y Y Y Y
Analowa liti masm
Grower/ Club Reg. No. (Nambala yawo ya kalabu)

BLOCK B: MEMBER'S DETAILS

GAWO B : OFUNA KULOWA MASM AYANKHE MAFUNSO MU GAWO IRI

Surname: Dzina la makolo: First Name: Dzina loyamba: Intials: Title: Mwamuna/mkazi
Mr. Mrs. Ms Dr. Pro
ID Number: Nambala yanu ya Chitupa: Sex: Mwamuna/ mkazi: Date of Birth: Tsiku lobadwa: Race: e.g. African
Day: Tsiku Month: Mwezi Year: Chaka Mtundu: e.g. Wachiafilika
Marital status: Muli pa banja kapena ai: Email address: Email yanu:
Doctor's name: Dzina la dotolowanu: Bus.Phone: Foni yaku ntchito:
Scheme: Skimu yomwe mukufuna: Home.Phome: Foni yaku nyumba:
Cell: Foni yammanja:

BLOCK C: PLEASE INDICATE THE SCHEME YOU WISH TO JOIN:

GAWO C : SANKHANI SKIMU YOMWEMUKUFUNA

Mlimi Standard Mlimi Silver Mlimi Gold

BLOCK D :

GAWO D :

Amount to be deducted in MK (Ndalama zoti achotse MK)

I hereby authorize AHL to deduct money from my Tobacco proceeds: Ndikuloleza kuti AHL itenge ndalama ku account yanga

BLOCK E: FAMILY MEMBER TO BE INCLUDED (attached extra sheet if required)

GAWO E : MAINA ENA A ANTHU A MMBANJA MWANU OFUNA KUONJEZERA(onjezerani pepala lina ngati malo olemba akucheperani)

Table with 6 columns: First Name, Surname, Date of Birth, Sex, Relationship to member, Name of a Doctor. Rows 1-4.

BLOCK F: MEDICAL HISTORY : Have you / your spouse / any of your dependants suffered from an of the following:

GAWO F : MBIRI YA UMOYO WANU (kodi inuyo kapena a mmbanja mwanu Anadwalapo matenda awa ?

Cancer: Khansa: Psychiatric Conditions: Misala: Hypertension: Kuthamanga magazi: Diabetes: Sugar: Leprosy: Khate:
Renal Disease: Matenda a Kapamba: Cardio-vascular Problems: Mtima: Epilepsy: Khunyu: Asthma: Mphumu: Other: Matenda ena:

If any of the above applies or if any other condition is present give details of condition, when it was first diagnosed and an treatment being taken. Ngati enamwa matendawa muli nao ndipo mukhalani naobe, fotokozani momwe adayambira, momwe aliri ndi mtundu wa mankhwala omwe mwakhala mukulandira.

Name and Address of Doctor: Dzina ndi address ya dotolo:

BLOCK G: DECLARATION AND SIGNATURE

GAWO G : KULUMBIRANDI KOMANSO KUSAINIRA

I hereby declare that the information given is correct and true in all respect I agree that should this application for membership be accepted, the contract between myself and the society shall be strictly governed by the rules, regulations and benefits, as amended from time to time by the society. I authorize the deduction from my salary of the monthly subscriptions due in respect of myself and dependants. I hereby authorize MASM to access my medical records from any health service provider for any reason whatsoever. I further declare that these dependant(s) do not suffer from any conditions, not declared. N.B Please read notes on the reverse before signing this form. Ine ndikulumbira ndi kutsimikiza kuti ndapereka umboni woona okhaokha. Ndikulonjeza kuti ndikaloledwa kukhala membala ndidzatsata malamulo onse a bungwe la masm. Ndikuloleza bungwe la masm kumatenga kumalipiro anga ndarama zolipilira skimu yanga ndi banja langa mwezi ndi mwezi. Ndikuperekanso chilolezo ku bungweri kuti nthawi iri yonse litha kufufuza za moyo wanga ngakhale ine ndisakudziwa. Ndikuchitiranso umboni kuti sindinabise matenda a achibale onse ndaalemba kuti akhale mamembalawo. Chikumbutso: chonde werengani kaye zonse zalembedwa kuseli kwa pepalali musanasaine.

Date: Tsiku:

Members Signature: Posaina membala:

## NOTES FOR COMPLETION OF APPLICATION FORM

You should only complete this form if you are an existing Masm member, or if you are currently registered as a dependant on someone else's medical aid and now wish to become a member in your own right. Please complete this form if you are an existing member and wish to change any of your membership details, or to add new dependants.

### BLOCK A - ACCOUNT HOLDER/ EMPLOYER DETAILS

This section should be completed by the person who will be responsible for paying your contributions - either the account holder, or your employer. Employers should put the company stamp on the form to show it has been approved. The account holder number is the number which appears on the billing invoice. If you are becoming an account holder at the same time registering as a member, you should submit a completed Account Holder Application form along with your membership application.

Date of registration is the date from which the membership begins on the first day of the month and ends on the last day of the month. Applications must be received by the 20th day of the month for registration to be effective from the following month.

### BLOCK B - DETAILS OF PRINCIPAL MEMBER

The details of the principal member should be entered here. Settlement advice slips and cheque refunds will be made out to this person. Please enter these details as they appear on your identity document as you may be asked to produce this along with your membership card when you see providers of health services. Race is required for statistical purposes only. State eg: African, Asian, European etc

### BLOCK C - PACKAGE CHOICE

Masm offers a variety of schemes. Please tick the appropriate box for the Scheme you wish to join. This should be approved by your employer if you are joining through a company.

### BLOCK D - ELECTRONIC FUNDS TRANSFER

The society has an ELECTRONIC FUNDS TRANSFER FACILITY that allows member's claims to be paid directly into their Commercial Bank accounts. This facility ensures that the refunded money is immediately available to the member while also reducing the turnaround time for claims. All members must register for this facility.

### BLOCK E - FAMILY MEMBERS

Family members - you may include your spouse, your children, in certain circumstances, other family members. The Society may request a medical report before accepting other family members as dependants. Relationship to member - describe the relationship of the dependant to the principal member. Spouse and children is normal dependants - anyone else - mother, father-in-law etc. is considered to be "other dependant". A child over the age of 18 may be classified as a student provided they are studying full time. Evidence of this is required. Otherwise such a child will be classified as "other dependant".

### BLOCK F - MEDICAL HISTORY

You need to inform the society, if you, or any of the family members you are registering, is currently undergoing, or likely to require medical treatment. It is very important that you disclose all information here as failure to do so may result in your membership being terminated.

### WAITING PERIODS ON CERTAIN BENEFITS

Generally, all waiting periods apply to members joining the Society for the first time. Where there has been a lapse in membership or transfer from other medical aid societies, the Society reserves the right to waive. These waiting periods include:

#### THREE (3) MONTHS

Hospitalisation of Non Emergency Nature  
Major and Minor Surgery

#### TWELVE (12) MONTHS

Foreign Treatment (VIP)  
Spectacles  
Maternity  
Chronic Medicines  
Visiting Foreign Specialist (VIP & EXE)

## ZOFUNA KUDZIWA MUSANASAINI PEPALA LOPEMPHA KUTI MUKHALE MEMBALA.

Woyenera kulemba papepalali ndi amene ali kale membala koma amadalira membala wina kwakuti tsopano akufuna kuima payekha. Woyenera kulembanso pepalali ndi mamembala omwe akufuna kusintha zina za umembala wao ndi bungwe la masm.

**GAWO A – OSAINA M'GAWOLI NDI OMWE ADZIKULIPILIRANIKU MASM**  
Omwe adzikulipilirani ku masm ndiwo akuyenera kulemba zofunikira mu gawo limeneri. Ngati akulipira ali okulembani ntchito, onsetsani kuti adinda pepalali kusonyeza kubvomerezakwao. Asonyezenso nambala yomwe izikhala pa invoice yanu ndipo zonsezi muzitumize ku bungwe la masm.

Tikati tsiku lolembetsa tikutanthauza tsiku loyamba kukhala membala. Umembala umayamba tsiku loyamba la mwezi ndipo umatha tsiku lomaliza lapa mwezi. Ndikofunika kuti pepala lopempha kuti mukhale membala lifike kumaofesi a masm pasanakwane pa 20 kuti athe kuyamba kukuwerengerani ngati membala mu mwedzi otsatirawo.

### GAWO B – OSAINA GAWOLI NDI MEMBALA YEMWE AKUFUNA KULOWA MASM

Onsetsani kuti mwayankha bwino lomwe mafunso onse chifukwa macheke a ndalama, ma invoice, ma lisiti ndi zina zonse zidzilembedwa mu dzina limene litalembedwe pamenepo. Chonde yankhani moyenera chifukwa dzina limene litalembedwe pamenepo ndi mayankho enawo zidzayikidwa pa chiphaso chanu chomwe chidzakuyenerenzi kupeza thandizo la chipatala konse komwe mudzapitekomanso ndizofunika kwambiri chifukwa nzomwenso dotolo wanu adzafune kudziwa asanakuthandizeni. Palibe choopsya pofunsa mtundu wanu chifukwa masm ikungofuna kudziwa chiwerengero cha anthu akuda, azungu, amwenyendi enaomwe akupeza chithandizoku bungweri.

### GAWO C – GAWO LA MA SKIMU AKU MASM

Bungweri liri ndi ma skimu osiyanasiyana woti musankhe malinga ndi m'thumba mwanu. Posankha, chongani mukabokosi koyenera ndipo ngati ikukulipilirani ndi kampani, adziwitseni aku ntchito zakusankhako kuti abvomereze.

**GAWO D – IRI NDI GAWO LOLEMBAMO OFUNA KUMALIPILIRA KU BANK**  
Bungweli liri ndi njira yamakono yotumiza kapena kulandira ndalama ku bank kugwiritsa ntchito makina a computer yotchedawa electronic money transfer yomwe simumafunikanso kupita ku bank, njirayi imawathandiza a masm kutumiza ndalama zanu zomwe amayenera kuti akubwenzereni mwachangu mosataya nthawi. Membala aliyense akupemphedwa kuyankha nawo gawoli

**GAWO E – GAWO LA ONSE A MBANJA OFUNA KUKHALA MEMBALA**  
Mutha kulembetsa akubanja kwanu ngakhale achibale ena kuti muzialipilira. Nthawi zina masm imafuna lipoti laku chipatala lofotokoza za thanzi la anthu mwaatchulawo.

Nkofunika kufotokoza bwinobwino za ubale wanu ndi anthu amene ali a banja lanu (awa ndi anthu monga akazi/amuna anu ndi ana) ena onse monga mayi, bambo, mulamu adzakhala mugulu la "abale ena" ngati muli ndi mwana opyolera zaka 18 adzatengedwa mu gulu la ana asukulu bola kuonetsa umboni kuti alidi pasukulu apo ayi adzayikidwa mu gulu la "abale ena"

### GAWO F – IRINDI GAWO LOSIMBAMO ZA UMOYO WANU

Musabise ngati inu kapena mwaaalimbetserawo ali ndi matenda kale ofuna thandizo la mankhwala lapa dera. Aku masm akadzatulukira okha adzakuchotsani paumembala.

**NTHAWI YODIKIRA MUSANAYAMBE KUDYERERA ZABWINO ZAKU MASM**  
Pamapita nthawi ndithu musanaone ubwino wake wokhalira membala wa masm ngati kali koyamba kulowa m'bungweri komanso ngati panali mavuto ena ndi ena pa umembala wanu kapenanso ngati mwachita kuchoka ku bungwe lina lomwe limapereka thandizo lofanana ndi mam. Koma nthawi zinamasm imasintha mfundo zake kuti zofuna zanu zikwaniritsidwe:-

#### KUDIKIRA KWA MIYEZI ITATU

Ulendo waku chipatala omwe siwadzidzidi  
Operation waung'ono ngakhaleenso waukulu

#### KUDIKIRA KWA CHAKA CHATHUNTHU

Thandizo lamankhwala lokalandilira ku dziko lina ngati muli mu skimu ya vip  
Kugula magalasi a mmaso  
Amayi oyembekezera  
Mankhwala amatenda osachizika  
Ulendo wa membala wa skimu ya vip ndi executive wokaona dotolo ku dziko lina