

HEALTH INSURANCE LETTER OF GUARANTEE

I, the undersigned below, declare that :

Name : _____

Date of Birth : _____ Gender : _____

Address : _____

Policy No. : _____

Membership Card No : _____

is a member of Health Insurance Product, provided by _____,

valid from _____ until _____.

Along with this letter, we declare that our health insurance product can be used for health facilities in

Bandung.

_____, _____, 20 ____

(_____)
Signature and Stamp of Insurance Provider Officer