**RWANDA SOCIAL SECURITY BOARD (RSSB)**

**MEDICAL SCHEME**

Nomero y’ubwishingizi y’umukozi

*No affiliation RSSB*

Itariki itangiweho: .…….…/……...../…………

*Date d’enregistrement*

**IFISHI YO KWIYANDIKISHA /*FICHE D’IMMATRICULATION***

1. **Umwirondoro w’umukozi**

Amazina y’umukozi*………………………………………………………..…………………..…….*

Amazina y’ababyeyi be………………………………..Na...........................................................

Nomero y’irangamuntu (*ID:* ………………………………………………………………..……….

Italiki yavutseho (*Date de naissance) : ………/…………/…………..*

*Numero ya telephone (Umukozi)………………………*/Numero ya Pension……………

E-mail (Employé (e)………………………………………………………………………………….

1. **Aderesi y’Umukoresha**

Nomero y’ubwishingizi y”Umukoresha (*No Matricule de l’Employeur):…………..…...………...*

Izina ry’Ikigo umukozi akorera (*Department affectataire employeur): ………………………….*

Serivisi umukozi akoramo:……………….…………………………………………………………..

Aho serivisi akoramo iherereye (Akarere, Umurenge, Akagali, umudugudu)

*Lieu d’affectation (District, Secteur, cellule, Village) ….………………………………………………………………………….……………………….…..*

Irangamimerere (*Etat civil):* Ingaragu (*C*é*libataire) …………*Yarashatse (*Mari*é *(e) :…………*

Icyemezo cyo kuba umukozi ari ingaragu mu Murenge wa ……...………Akarere…………….

1. **Umwirondoro w’uwo bashakanye byemewe n’amategeko**

Amazina y’uwo bashakanye: ..*……………………………………………………………………*

Amazina y’ababyeyi be:….…………………………..Na...........................................................

Nomero y’irangamuntu (*ID:* ………………………………………………………………..……….

Italiki yavutseho (*Date de naissance) : ………/…………/…………..*

*Numero ya telephone: ..………………………….……*/Numero ya Pension………. ………

Amasezerano yo gushyingirwa mu Murenge wa ……………………Akarere…………….…….

Le Mariage civil a été célébré a

Izina ry’Ikigo akorera (*Department affectataire employeur): ………………………….*

Serivisi akoramo:……………….…………………………………………………………..

Aho serivisi akoramo iherereye (Akarere, Umurenge, Akagali, umudugudu)

*Lieu d’affectation (District, Secteur, cellule, Village) ….………………………………………………………………………….……………………….…..*

**ABANA (bemewe n’amategeko, photos, n’ibyangombwa byabo)**

***ENFANTS A CHARGE (legitimes, naturels reconnus, adoptifs ou sous tutelle)***

Ifoto y’umukozi

*Photo*

Ifoto y’uwo bashakanye

*Photo*

1. **Imyirondoro y’abana bemewe n’amategeko**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| No | | **ITARIKI YAVUTSEHO**  *DATE DE NAISSANCE* | | **AMAZINA**  *NOM ET PRENOM* | | **IFOTO**  *PHOTO* | | **IKIGO YIGAHO**  *ECOLE FREQUENTEE* | | **No**  *CODE* | |
| 1 | |  | |  | |  | |  | |  | |
| 2 | |  | |  | |  | |  | |  | |
| No | | **ITARIKI YAVUTSEHO**  *DATE DE NAISSANCE* | | **AMAZINA**  *NOM ET PRENOM* | | **IFOTO**  *PHOTO* | | **IKIGO YIGAHO**  *ECOLE FREQUENTEE* | | **No**  *CODE* | |
| 3 | |  | |  | |  | |  | |  | |
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| 10 | |  | |  | |  | |  | |  | |

Bikorewe i kuwa

*Fait a ……………………………… le …….…./…….…./………..…*

Amazina, Kashi,umukono by’umukoresha Amazina, umukono by’umukozi

*Noms, Signature, Visa de l’employeur Noms, Signature de l’Adhérent employ*é