

First Name:

Family Name:

Employer Name:

Scheme Name:

Membership No:

Postal Address:

Email Address:

Telephone No:

Mobile No:

Please select the level you wish to **upgrade** to:Annual Fee
MUR 1, 200 per familyAnnual Fee
MUR 2, 400 per familyPlease select a **payment method** below:

Cash Payment at Medscheme

Cheque

Bank Transfer to Medscheme's Bank Account

Online Payment via the Secure MCB Payment Gateway

Kindly note that Upgrades will be processed once we have received the full annual payment together with this form and the effective date will be communicated to you.

For any support, please contact our Xperience Team on 403 5076 or send us an email on rewards@xperience.mu

Office Use Only

Request Received Date: _____

Payment Date: _____

Card Delivered On: _____

Delivery Method: _____

Processed Completed By: _____