Nomero y’ubwishingizi y’umukozi

*No affiliation RSSB*

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

*Date d’enregistrement*

**RWANDA SOCIAL SECURITY BOARD (RSSB)**

**MEDICAL SCHEME**

**IFISHI YO KWIYANDIKISHA**

***FICHE D’IMMATRICULATION***

Amazina

*Nom……………………………… Prenom ………………………………………….…*

Papa/Ise …………………………. Maman/Nyina …..............................

Nomero y’ubwishingizi (Umukoresha)

*No Matricule (Employeur) ………………………………………………….*

Aho akora (Umukoresha)

*Department affectataire (Employeur)………………………………………………….*

Ikigo (ku balimu)

*Etablissement Scolaire (pour enseignants)……………………………………………*

Aho akorera (Intara, Akarere, Umurenge)

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

Italiki yavutseho

*Date de naissance ………/…………/…………..*

Irangamimerere

*Etat civil* Ingaragu

*Celibataire*

Yarashatse

*Marie (e)*

Amazina y’uwo bashakanye

*Nom et Prenom du conjoint (e) ……………………………………………………………………………*

Italiki yavutseho

*Date de naissance ……………./…………./…………………..*

Nomero ya terefone (Umukozi)

*Numero de telephone mobile (Employé(e)) ………………………………………………………………………………….*

Imeri (Umukozi)

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

**ABANA (bemewe n’amategeko)**

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

Nomero y’irangamuntu

*No C.I:* ………………………….

Nomero bénéficiaire ………………………….

Igitsina

*Sexe* Gabo Gore

*M F*

Ifoto

*Photo*

Ifoto

*Photo*

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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* |
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Bikorewe i kuwa

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

Viza y’umukoresha Umukono w’umunyamuryango

*Visa de l’employeur Signature de l’Adhérent*