



Claim form

(to be sent to your section)

Head Office

2, rue Bellot
CH-1206 GENEVA
SWITZERLAND

Central Office

3, rue Duguay-Trouin
75280 PARIS CEDEX 06
FRANCE

☎ 01 42 22 07 77
01 42 22 91 27
☎ 01 45 48 53 90

emi@saintmartin.com.fr

General Section

3, rue Duguay-Trouin
75280 PARIS CEDEX 06
FRANCE

Belgium Section

M.R.B
BP 10300
1130 BRUSSELS
BELGIUM

West Africa Section

II Plateaux
28 - BP 922
ABIDJAN - 28 R.C.I.

Central Africa Section

BP 168
YAOUNDE
CAMEROUN

East Africa Section

P.O. Box 13475-00800
NAIROBI
KENYA

Madagascar Section

BP 667
ANTANANARIVO 101
MADAGASCAR
MALAGASY REPUBLIC

Brazil Section

Filhas da caridade /EMI
Caixa Postal - 471
60170-002
FORTALEZA-CEARÁ
BRAZIL

Member number :

NAME

SURNAME

COUNTRY OF MEDICAL CARE :

OPTION

bills number	bills (details and date)	AMOUNT (currency of the country where the medical care was given)

AT _____ the _____

TO BE SENT TO THE IMS OFFICE

