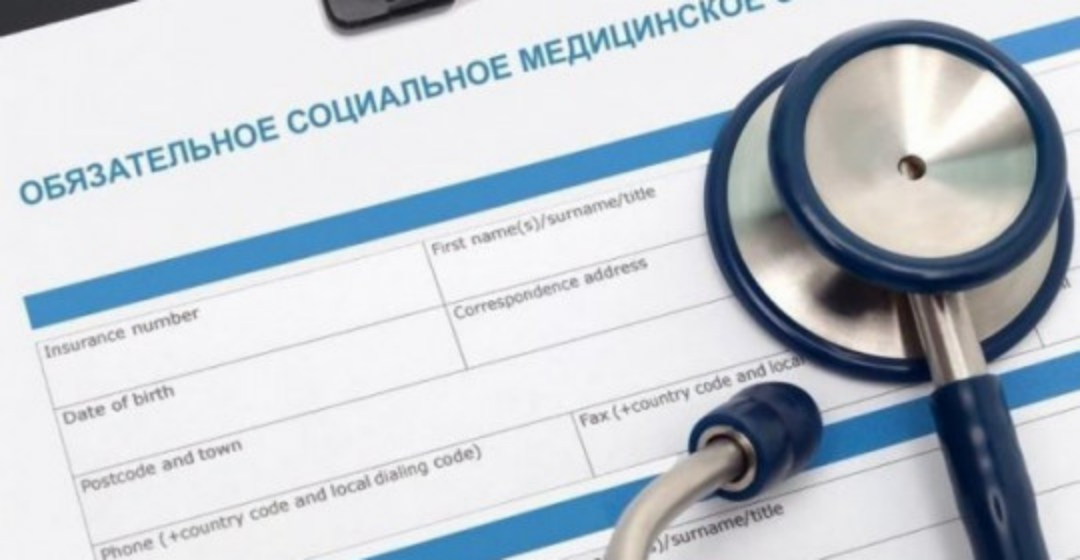

ӘЛЕУМЕТТІК МЕДИЦИН
САҚТАНДЫРУ


ОБЯЗАТЕЛЬНОЕ СОЦИАЛЬНОЕ МЕДИЦИНСКОЕ
Insurance number
First name(s)/surname/title
Correspondence address
Date of birth
Postcode and town
Fax (+country code and
Phone (+country code and local dialing code)