

UNITED NATIONS OFFICE AT GENEVA
UNITED NATIONS STAFF MUTUAL
INSURANCE SOCIETY AGAINST
SICKNESS AND ACCIDENT

CONTACT DETAILS UPDATE FORM

PLEASE COMPLETE THIS DOCUMENT WITH YOUR UPDATED CONTACT DETAILS AND RETURN IT TO US VIA EMAIL AT UNSMIS@UN.ORG

Last Name:	First Name:
Organization/Office:	Duty Station
	(City, Country):
Index Number (only for active staff members):	Insurance Number:
E-mail Address:	
E-mail Address:	
Mobile Phone Number:	
Wobile Filotie Nutriber.	
RESIDENTIAL ADDRESS	
Street Address:	
City:	
Postcode:	Country:
Гэ	
Signature of Main Member:	Date: