

THE MEDICAL AID SOCIETY OF MALAWI

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Date 05/10/2016

To ALL SERVICE PROVIDERS
MALAWI

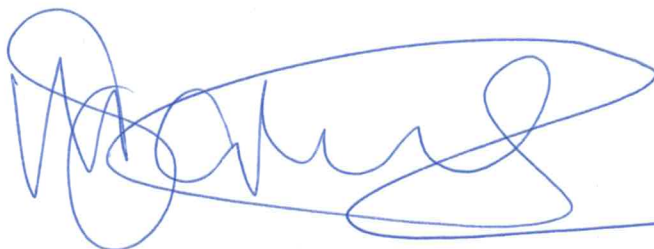
Dear Sir / Madam

RE : FEE FOR SERVICE APPROVAL COMFIRMATION

This is to certify that **BAOBAB HEALTH TRUST** staff are members of the Medical Aid Society of Malawi .

We request that you treat them on Fee for Service after confirmation of identity.
For the month of **OCTOBER 2016**

Yours Faithfully



MERVIS GALANJE KAMENYA

For and On Behalf of Medical Aid Society of Malawi

LILONGWE

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LILONGWE

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