

• COMPULSORY TO COMPLETE (To be completed in block letters)

Please pair this Healthcare Membership Advisor with the MediSavers® Healthcare Membership Program indicated below:

☐ Existing Healthcare Membership Program

☐ New Healthcare Membership Program

Member's Name _____ New NRIC No. _____

• APPLICANT'S INFORMATION (To be completed in block letters)

Please tick (✓) where boxes are made available :

Full Name as on NRIC / Company Name _____

New NRIC No. / Company Registration No. _____ Date of Birth (DD/MM/YY) _____

Gender ☐ Male ☐ Female | Marital Status ☐ Single ☐ Married ☐ Divorced ☐ Widower ☐ Widow

Race ☐ Malay ☐ Chinese ☐ Indian ☐ Others _____ | Nationality ☐ Malaysian ☐ Others _____

Occupation _____

Nature of Work _____

Correspondence Address _____

Postcode _____

Tel No. (H) _____ (O) _____ (H/P) _____

Email Address _____

I hereby apply to be appointed as an independent Healthcare Membership Advisor and I hereby agree, acknowledge and declare as follows :

- I have attained eighteen (18) years of age and agree to pay the Membership Advisor Fee herein stated.
- I am not restricted in my territorial coverage unless prohibited by any law.
- Upon submission of this application to MXM, I hereby agree to be bound by the terms and conditions herein stipulated and Membership Advisor Code of Conduct.
- This application is subject to a cooling off period of ten (10) working days from the date of receipt by MXM in which instance I acknowledge that I shall be entitled to a refund of the Membership Advisor Fee after deducting such administrative fee to be decided at the sole discretion of MXM.
- Upon the expiry of the aforesaid cooling off period, I acknowledge that cancellation of my Membership Advisor Account is strictly prohibited and MXM shall not be liable to refund me any portion of the Advisor Fee.
- Any commission payable under the respective incentive / marketing plans shall only be paid after the expiry of the applicable cooling off period for purchase of a Program. In the event any commissions are paid pursuant to a purchase that is subsequently terminated, I acknowledge that MXM is entitled to a full refund of same.
- I acknowledge that I am not an employee of MXM. Therefore, if there were any breach of any of the above terms and conditions, or any rules in the Membership Advisor Code of Conduct and / or the Program to be found against me at any given time during or after the course of being appointed as a Membership Advisor, I shall be held responsible for any of my actions. MXM will be discharged from any matters arises from the above mentioned. I am solely responsible to declare and pay any taxes payable in the course of my agency.
- I acknowledge that I cannot change my introducer unless my Membership Advisor Account has been terminated and that MXM is not obliged to accept a new application for a new Membership Advisor Account from me until six (6) months has lapsed after such termination.
- Any Membership Advisor Account that has been inactive for more than 180 days from the date of expiry / lapsed of membership, the Membership Advisor Account will be terminated without prior notice.
- Once the termination takes effect, all commissions under the network will be compressed upwards the immediate active Membership Advisor(s) under the same hierarchy.
- Upon the termination, no reactivation is allowed and Membership Advisors are always welcome to re-join MXM under a new Membership Advisor Account.
- I may engage other persons to assist in the agency on condition that I shall be fully responsible for their acts and commissions and I shall ensure that they are of reputable character and presentable in appearance and that they observe the terms and conditions herein.
- All Existing Membership Advisors shall have a period of 60 days to follow-up with their Prospective Membership Advisor(s) from the date of the 1st Appointment. During this period, other Existing Membership Advisors shall not induce or procure the Prospective Membership Advisor(s) to enrol as a Membership Advisor under them or advise the Prospective Membership Advisor(s) to register under them through a proxy. Should the Prospective Membership Advisor(s) fail due to whatsoever reasons to enrol by the end of the 60 days period, other Existing Membership Advisors are free and able to solicit these Prospective Membership Advisor(s).
- Upon achieving the status of RMA (or its equivalent), I hereby declare and undertake that I shall not be actively associated with any direct selling company other than MXM International Sdn. Bhd. as this may result in potential direct or indirect conflict of interests.
- I acknowledge that the terms and conditions herein shall be governed by the enforced laws of Malaysia.
- In the event I am in breach of any of the above terms and conditions, or any rules in the Membership Advisor Code of Conduct and / or the Program, my Membership Advisor Account and / or Membership Program may be terminated immediately without prior notification or any compensation whatsoever and I acknowledge I shall remain liable for any loss or damage incurred or suffered by MXM resulting such breach.
- MXM reserves the right at its own discretion to vary, delete or add to any of these terms and conditions and / or terms and conditions of the Program and / or the incentive / marketing plan from time to time.
- Any information that has been declared on any of the forms is to my best knowledge. I have fully disclosed and did not withhold any material information that is relevant to the application. In the event if there's any information that has been acquired or missed out, it is my duty to inform MXM or the respective Advisor on such information. Such omission will be borne by me.
- MXM reserves the right at its own discretion to vary, delete or add to any of these terms and conditions and / or terms and conditions of the Program from time to time. Please refer to our website at www.medisavers.com.my for any latest updates on ANY amendments.

Please sign below to indicate that you have read and understood and agreed to be bound by the aforesaid terms and conditions. Please obtain an official receipt as evidence of payment of the Membership Advisor Fee.

**KONTRAK INI ADALAH TERTAKLUK
KEPADA TEMPOH BERTENANG SELAMA
SEPULUH HARI KERJA.
THIS CONTRACT IS SUBJECT TO A
COOLING-OFF PERIOD OF
TEN WORKING DAYS.**

Personal Data Protection Act 2010 - Consent for the Personal Data processing
I hereby give my consent to MXM International Sdn Bhd (MXM), its affiliate company and / or other third parties including Membership Advisors to collect and process my personal data in compliance with Personal Data Protection Act 2010. I understand that I am entitled to revoke my consent at any time by sending a written notice to MXM.

Dept In-charge:
Database Dept, Tel : 03-7721 2888 / Fax : 03-7721 2889 / Email : enquiries@medisavers.com.my

For more information on MXM's privacy practices, you may refer to our Personal Data Protection Policy at www.medisavers.com.my

Applicant's Signature

Applicant's Name _____

Date _____

Introducer's Signature

Introducer's Name _____

NRIC No. _____

Date _____

• AUTO BANK-IN OF MONTHLY COMMISSION AUTHORIZATION FORM

I hereby authorize the company to credit my commission to my bank account indicated below. I agree that with this service, a deduction of RM2.00 from the amount credited will be incurred each time I request for a commission payout.

MY BANK ACCOUNT DETAILS ARE AS FOLLOWS

Please tick (✓) your bank:

- | | | |
|--|---|---|
| ☐ AFFIN BANK BERHAD | ☐ BANK PERTANIAN MALAYSIA BHD (AGROBANK) | ☐ HSBC BANK |
| ☐ AFFIN ISLAMIC BANK BERHAD | ☐ BANK RAKYAT MALAYSIA | ☐ J.P.MORGAN CHASE BANK BERHAD |
| ☐ ALLIANCE BANK MALAYSIA BERHAD | ☐ BANK SIMPANAN NASIONAL | ☐ MALAYAN BANKING BERHAD |
| ☐ ALLIANCE ISLAMIC BANK BERHAD | ☐ BNP PARIBAS MALAYSIA BERHAD | ☐ OCBC BANK |
| ☐ ALRAJHI BKG AND INVEST. CORP. | ☐ CIMB BANK BERHAD | ☐ PUBLIC BANK |
| ☐ AFFIN ISLAMIC BANK BERHAD | ☐ CIMB ISLAMIC BANK BERHAD | ☐ PUBLIC ISLAMIC BANK BERHAD |
| ☐ AMBANK BERHAD | ☐ CITIBANK | ☐ RHB BANK |
| ☐ AM ISLAMIC BANK BERHAD | ☐ DEUTSCHE BANK | ☐ RYT BANK |
| ☐ BANK ISLAM MALAYSIA | ☐ HONG LEONG BANK | ☐ STANDARD CHARTERED BANK |
| ☐ BANK MUAMALAT (MALAYSIA) | ☐ HONG LEONG ISLAMIC BANK BERHAD | ☐ UNITED OVERSEAS BANK |
| ☐ OTHERS : _____ | | |

Branch _____ Account No. _____ Signature _____

Via Debit / Credit Card

(Subject to Terms & Conditions)

Upon acceptance of my application as a Membership Advisor, I hereby authorize **MXM International Sdn. Bhd.** to charge my Membership Advisor fee amounting to

☐ **RM 200.00** (2 Years)

No Cash Accepted 

Card Holder's Name _____ NRIC No. (new) _____
Tel (H/P) _____ (O) _____ (Hse) _____
Credit Card No. _____ Card Expiry Date _____
Issuing Bank _____ ☐  ☐ 
Card Holder's Signature _____ Date _____

THIRD PARTY CREDIT CARD AUTHORIZATION

I, _____, NRIC No. _____
hereby authorize the usage of my credit card for the purpose of renewal of the Membership Advisor Account.

Card Holder's Signature _____ Date _____

IMPORTANT : Please ensure that you have sufficient credit limit in your credit / debit card for processing. Credit Card Holders are required to provide photocopy of Credit Card (Front & Back), NRIC (Front & Back) for verification purposes.

STANDING INSTRUCTION TO CHARGE MEMBERSHIP ADVISOR ANNUAL RENEWAL FEE VIA CREDIT CARD / DEBIT CARD

☐ I hereby authorize MXM INTERNATIONAL SDN. BHD. to charge the Membership Advisor Fee where applicable to my Credit / Debit Card indicated herein upon each anniversary at the expiry of my prevailing Membership Advisor Account and / or off setting the Membership Advisor Renewal Fee from any commission due to me. This authorization will remain valid until the cancellation made by myself in writing to MXM INTERNATIONAL SDN. BHD. three (3) months prior to the expiry of my prevailing Membership Advisor Account. In the event that the Credit / Debit Card transaction is declined for whatsoever reasons, I understand that my Membership Advisor Account will be terminated upon the expiry date.

Applicant's Signature _____ Date _____

Cash / Cheque Via Direct Bank-In

Bank	Account No.	Cheque is to be made payable to MXM International Sdn. Bhd. Note : Applicants are required to submit the original deposit slip with the application form.
Maybank Berhad	014 178 220 256	

• FOR OFFICE USE ONLY

Centre's Code _____ Member's Name (If any) _____ Official Receipt No. _____

Batch Form No. _____ Membership Advisor's ID No. _____



MXM INTERNATIONAL SDN. BHD.
199201019931 (251435-D) A.J.L. 93248
MXM Tower, A701, Pusat Dagangan Phileo Damansara II, No.15, Jalan 16/11, Off Jalan Damansara,
46350 Petaling Jaya, Selangor, Malaysia
☎ 603-7721 2888 ✉ enquiries@medisavers.com.my 🌐 www.medisavers.my 📺 fb.com/medisavers.official

