

I _____ NRIC No. (New) _____ hereby authorize PATHLAB HEALTH MANAGEMENT (M) SDN. BHD. to charge the Membership Fee payable in accordance with my preferred payment plan as indicated below.

No Cash Accepted 

Please tick (v) where boxes are made available :

Group Term Family Takaful Program

Diamond Platinum Gold Silver

	Group Term Family Takaful Program		Total
Deposit	RM	X 2	RM
1 st Month	RM		RM
		Total	RM
		2 nd Month onwards	RM _____ per month

NOTE : Applicants are required to make 2 months deposit + 1 month 1st payment

VIA CREDIT CARD

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

I, _____ NRIC No. (New) _____ hereby authorize the usage of my credit card for purpose of application for Group Term Family Takaful Program.

Card Holder's Signature _____

Date _____

Relationship _____

Contact No. _____

_____ *(Sign Here)*

IMPORTANT : 1. Please ensure you have sufficient fund or credit limit in your credit card at the time the payment is due.
 2. Third party credit card holders are required to provide photocopy of credit card (front and back) and NRIC (front and back) for verification purposes.

3.	1 st Payment (Transaction Date)	2 nd Payment (Subsequent Payment Date - Working Day)
	1 st to 7 th	1 st
	8 th to 14 th	8 th
	15 th to 21 st	15 th
	22 nd to 25 th	22 nd
	26 th to 31 st	26 th

TERMS AND CONDITIONS :

- This is the instruction that accompanies my application for Group Term Family Takaful Program that is automatically renewable on the anniversary of each Program and subject to terms and conditions in the Takaful certificate. I understand that the Program Fee during renewal may vary due to change of age band.
- I hereby authorize Pathlab Health Management (M) Sdn. Bhd. (PHM) to charge to my above indicated credit card the applicable Program Fee payable for the Program and the renewals thereof.
- I understand and agree that the monthly installments shall be charged to the above indicated credit card in accordance to the transaction dates indicated in the IMPORTANT note under item 3.
- I hereby instruct PHM to charge the monthly installment mentioned in item 3 above. I understand and agree that this consent is given voluntarily and I shall not hold PHM for any claim or claims arising thereof including but not limited to tampering, misuse and / or unauthorized mean other than specified therein.
- In the event due to whatsoever reason, I shall discontinue my Program with PHM, I shall give at least sixty (60) days Discontinuation Notice in writing prior to the date of expiry of my prevailing Program. I acknowledge and understand that upon receipt of such Notice, PHM shall utilize the deposit to off-set the final monthly installment payable for my Program Fee.
- In the event of changes in the Program Fee due to change of age band and / or revision to the Program Fee and / or revision to the Insurance Premium imposed by the Insurance Underwriter(s), I hereby authorize PHM to charge the above credit card indicated above with the amount being the revised rates.
- In the event that any installment payment payable hereunder is not effected for any whatsoever reason, the Program benefits and Insurance Policy will automatically be cancelled. The Insurance Underwriter(s), PHM shall not be held liable for any claims incurred thereafter and I hereby agree to indemnify and keep the said parties indemnified against any liabilities and / or claims which might arise after such cancellation.
- PHM reserves the right at its own discretion to vary, delete or add to any of the Program benefit of the program and terms and conditions from time to time.
- In the event that Program Fee cannot be successfully processed for three(3) consecutive attempts, PHM reserves the right to cancel the Program accordingly.
- Account holder must inform PHM in writing of any changes pertaining to the bank including new credit card number, termination or cancellation of credit card at least 30 days before the next monthly installment due date.

_____ *(Sign Here)*
 Signature of Applicant / Parent for Junior Application

_____ Date

FOR OFFICE USE ONLY		Centre Code	Submitted By	Handled By
Member Code	Program Code	Amount	Loading	Receipt No.
Group Term Family Takaful Program				
Batch No.	Payment Clearance Date	Discount	Total Amount	