

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

Please tick (✓) where boxes are made available :

No Cash Accepted 



Step 1 :

Group Term Family Takaful Program			
<input type="checkbox"/> Diamond	<input type="checkbox"/> Platinum	<input type="checkbox"/> Gold	<input type="checkbox"/> Silver

Step 2 :

	Age Of Next Birthday	Group Term Family Takaful Program
<input checked="" type="checkbox"/> EASY PAYMENT PLAN (EPP) <input type="checkbox"/> FULL PAYMENT		RM _____

Step 3 :

VIA CREDIT CARD	
Card Holder's Name _____	NRIC No. (new) _____
Tel (H/P) _____ (O) _____	(Hse) _____
Credit Card No. _____	Card Expiry Date _____
CVV / CID Number (Last 3 digit on the signature panel) _____	(for EPP Payment only)
Issuing Bank _____	<input type="checkbox"/>  <input type="checkbox"/> 
Card Holder's Signature X _____	<i>(Sign Here)</i> _____ Date _____

THIRD PARTY CREDIT CARD AUTHORIZATION

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

X _____ *(Sign Here)* _____
Relationship _____
Contact No. _____

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

VIA CHEQUE (FULL PAYMENT ONLY)

Cheque No. _____ Issuing Bank _____
Cheque should be made payable to **Pathlab Health Management (M) Sdn. Bhd.** (Co. No. 299313-M).

TERMS AND CONDITIONS :

1. I hereby authorize Pathlab Health Management (M) Sdn. Bhd. (PHM) to charge to my above-indicated credit card(s) the applicable Program Fees payable for Group Term Family Takaful Program and the renewals thereof.
2. I acknowledge that upon payment approval by the credit card company, the Program Fee payable will be earmarked at the prior of approval as a used portion of the credit limit granted to me and under a Yearly Easy Payment installment plan.
3. This amount will thereafter be released gradually in accordance with the monthly installment amount which will then be debited to the credit card account.
4. I hereby instruct PHM to charge the monthly installment including the use of my payment security code to facilitate the Easy Payment Plans (EPP). 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.
5. 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 / debit card(s) indicated above with the amount being the revised rates.
6. In the event, that credit card(s) payment is declined for whatsoever reasons. 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 indemnity and keep the said parties indemnified against any liabilities and/or claims which might arise after such cancellation.
7. 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.

X _____ *(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		

CASH / CHEQUE VIA DIRECT BANK-IN (FULL PAYMENT ONLY)

Bank	Account No.	
Public Bank Berhad	311 966 1229	<i>Cheque is to be made payable to Pathlab Health Management (M) Sdn. Bhd. Note: Applicants are required to submit the original deposit slip with the application form</i>
Maybank Berhad	514 178 430 725	

FOR INFORMATION ONLY :

Merchant Minimum Amount for Group Term Family Takaful Program :-

No.	BANK	12 MONTHS	REMARKS
1	AmBank	RM1,000.00	
2	Bank Simpanan Nasional	RM1,000.00	DDA Form (photocopy form can be used)
3	CIMB	RM1,200.00	DDA Form (photocopy form can be used)
4	Hong Leong	RM1,000.00	
5	HSBC	RM1,000.00	
6	Maybank	RM1,000.00	
7	OCBC	RM1,000.00	DDA Form (original form must be submitted)
8	Public Bank	RM500.00	
9	RHB	RM1,000.00	
10	Standard Chartered	RM1,000.00	
11	UOB	RM1,000.00	DDA Form (photocopy form can be used)

Below pricing table is applicable for **Group Term Family Takaful Program**

Age of Next Birthday	Group Term Family Takaful Program			
	Easy Payment Plan (EPP) / Full Payment			
	Diamond	Platinum	Gold	Silver
30 days - 35 years	RM2,605.08	RM1,796.72	RM988.36	RM554.18
36 years - 50 years	RM2,977.14	RM2,044.76	RM1,112.38	RM616.72
51 years - 60 years	RM6,156.08	RM4,163.70	RM2,172.38	RM1,146.72
61 years - 64 years	RM9,707.08	RM6,531.74	RM3,356.40	RM1,738.20
65 years - 70 years (Renewal)	RM11,318.28	RM7,605.52	RM3,892.76	RM2,006.38
71 years - 75 years (Renewal)	RM18,654.54	RM12,496.36	RM6,338.18	RM3,229.62
76 years - 80 years (Renewal)	RM36,949.08	RM24,692.72	RM12,436.36	RM6,279.24

*Group Term Family Takaful Program last entry age is 64.