

In consideration of MXM International Sdn. Bhd. agreeing to accept my application for Membership under the MediSaversVIP Prime Membership Program.

I, \_\_\_\_\_ NRIC No. (New) \_\_\_\_\_ hereby authorize PATHLAB HEALTH MANAGEMENT (M) SDN. BHD. (collection agent for MXM International Sdn. Bhd.) to charge the Membership Fee payable in accordance with my preferred payment plan as indicated below.

**No Cash Accepted** 

Please tick (✓) where boxes are made available :

MediSaversVIP Prime							
<input type="checkbox"/> 500-SP	<input type="checkbox"/> 300-SP	<input type="checkbox"/> 200-SP	<input type="checkbox"/> 150-SP	<input type="checkbox"/> 500	<input type="checkbox"/> 300	<input type="checkbox"/> 200	<input type="checkbox"/> 150
MediSaversVIP Prime Deductible							
<input type="checkbox"/> 500-DSP	<input type="checkbox"/> 300-DSP	<input type="checkbox"/> 200-DSP	<input type="checkbox"/> 150-DSP	<input type="checkbox"/> 500-D	<input type="checkbox"/> 300-D	<input type="checkbox"/> 200-D	<input type="checkbox"/> 150-D
Deductible Amount							
<input type="checkbox"/> RM3,000		<input type="checkbox"/> RM6,000		<input type="checkbox"/> RM10,000			

\* For Program Pricing, please refer to pricing booklet.

	MediSaversVIP Prime or MediSaversVIP Prime Deductible	Total
Deposit	RM _____ X 2	RM _____
1 <sup>st</sup> Month	RM _____	RM _____
	Total	RM _____
	2 <sup>nd</sup> Month onwards	RM _____ per month

NOTE : Applicants are required to make 2 months deposit + 1 month 1<sup>st</sup> 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 membership under the MXM MediSaversVIP Prime Membership 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.

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

### TERMS AND CONDITIONS :

- This is the instruction that accompanies my application for MediSaversVIP Prime Membership Program that is automatically renewable on the anniversary of each Membership period up to 100 years old. I understand that the Membership Fee during renewal may vary due to change of age band.
- I hereby authorize MXM International Sdn. Bhd. (MXM) or its authorized collection agent, Pathlab Health Management (M) Sdn. Bhd. (PHM) to charge to my above indicated credit card the applicable Membership 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 MXM or 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 MXM or 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 membership with MXM, I shall give at least Sixty (60) Days Discontinuation Notice in writing prior to the date of expiry of my prevailing Membership. I acknowledge and understand that upon receipt of such Notice, MXM shall utilize the deposit to off-set the final monthly installment payable for my Membership Fee.
- In the event of changes in the Membership Fee due to change of age band and / or revision to the Membership Fee and / or revision to the Insurance Premium imposed by the Insurance Underwriter(s), I hereby authorize MXM and / or 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 Membership benefits and Insurance Policy will automatically be cancelled. The Insurance Underwriter(s), PHM and / or MXM 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.
- MXM reserves the right at its own discretion to vary, delete or add to any of these terms and conditions from time to time.
- In the event that Membership Fee cannot be successfully processed for three(3) consecutive attempts, MXM reserves the right to cancel the membership 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.
MediSaversVIP Prime				
MediSaversVIP Prime Super Protector				
MediSaversVIP Prime Deductible				
Batch No.	Payment Clearance Date	Discount	Total Amount	



**MXM INTERNATIONAL SDN. BHD.**

199201019931 (251435-D) A.J.L. 93246

MXM Tower, A801, Pusat Dagangan Phileo Damansara II, No.15, Jalan 16/11, Off Jalan Damansara,  
46350 Petaling Jaya, Selangor, Malaysia

☎ 603-7721 2888 📠 603-7721 2889 ✉ enquiries@mxm.com.my 🌐 www.mxm.com.my 📘 fb.mxm.com.my

