

In consideration of MXM International Sdn. Bhd. agreeing to accept my application for Membership under the MediSaversVIP Prime and / or MediBooster 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.

Please tick (v) where boxes are made available :

No Cash Accepted 

Step 1 :

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			
MediBooster							
PLAN 1		PLAN 2			PLAN 3		
<input type="checkbox"/> VIP PLUS	<input type="checkbox"/> VIP	<input type="checkbox"/> VIP PLUS	<input type="checkbox"/> VIP	<input type="checkbox"/> VIP PLUS	<input type="checkbox"/> VIP	<input type="checkbox"/> VIP PLUS	<input type="checkbox"/> VIP



* For Program Pricing, please refer to pricing booklet.

Step 2 :

	Age Of Next Birthday	MediSaversVIP Prime or MediSaversVIP Prime Deductible	MediBooster	Total
EASY PAYMENT PLAN (EPP)		12 x RM _____	12 x RM _____	RM _____
FULL PAYMENT		RM _____	RM _____	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 _____  
 Card Holder's Signature **X** _____ (Sign Here) _____ Date _____

THIRD PARTY CREDIT CARD AUTHORIZATION

I, _____ NRIC No. (New) _____
hereby authorize the usage of my credit card for purpose of application for membership under the MediSaversVIP Prime and / or MediBooster Membership Program.

Card Holder's Signature _____ Relationship _____
X _____ (Sign Here) _____ 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).

STANDING INSTRUCTIONS TO CHARGE ANNUAL MEMBERSHIP FEE VIA CREDIT CARD (APPLICABLE FOR FULL PAYMENT ONLY)

I hereby authorize MXM INTERNATIONAL SDN. BHD. or PATHLAB HEALTH MANAGEMENT (M) SDN. BHD. (collection agent for MXM International Sdn. Bhd.) to auto charge my Membership Renewal Fee at the expiry of each anniversary of my prevailing Membership by charging the Credit Card indicated above. I understand that the Membership Fee during renewal may vary due to change of age band / or revision to the Membership Fee and / or revision to the Insurance Premium imposed by the Insurance Underwriter(s). This authorization shall remain valid and in effect until cancelled by myself in writing to MXM INTERNATIONAL SDN. BHD. at least Sixty (60) Days prior to the expiry of my prevailing Membership. Notwithstanding the above instructions, I agree that my Membership may be terminated if the Membership Fee is not paid when due. I agree to inform MXM in writing of any changes pertaining to lost / stolen / termination / cancellation or change of credit card at least 14 days before the renewal expiry date.

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

TERMS AND CONDITIONS :

- 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(s) the applicable Membership Fees payable for MXM MediSaversVIP Prime and / or MediBooster Membership Program and the renewals thereof.
- I acknowledge that upon payment approval by the credit card company, the Membership 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. This amount will thereafter be released gradually in accordance with the monthly installment amount which will then be debited to the credit card account.
- I hereby instruct MXM or 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 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 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 to charge the above credit / debit card(s) indicated above with the amount being the revised rates.
- In the event, that credit card(s) payment is declined for whatsoever reasons. 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 indemnity 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.

X _____ (Sign Here)

Signature of Applicant / Parent for Junior Application

_____ Date

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

Bank	Account No.	
Public Bank Berhad	311 966 1229	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
Maybank Berhad	514 178 430 725	

FOR INFORMATION ONLY :

Merchant Minimum Amount for MediSaversVIP Prime or MediSaversVIP Prime Deductible and / or MediBooster :-

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)

FOR OFFICE USE ONLY

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				
MediBooster				
Batch No.	Payment Clearance Date		Discount	Total Amount

