



**SRI KOTA
SPECIALIST
MEDICAL CENTRE**
The Heart of Healthcare

INSURANCE AGENTS' AFFILIATION PROGRAMME
Membership Enrolment Form

(Please attach name card)

Name :

Salutation : Mr Mrs Ms Others

Date of Birth : / / (dd/mm/yyyy)

IC No : - -

Gender : Male Female

Race : Malay Chinese Indian Others

Company :

Agency :

Address :

Postcode :

Contact No : Office 6 0 -

HP -

Email :

Benefits

- * 10% discount on all Sri Kota standard health screening program.
- * 10% discount on all room and board published rate **except VIP**
- * 10% discount at cafeteria on ala-cart menu.
- * 10% discount on physiotherapy session.
- * 5% discount on MRI & CT scan.
- * One time free parking per day at Sri Kota (only limited to vehicle belong to member). Members are required to present the membership card to Reception Counter (main lobby) for free parking validation.

Terms & Conditions

- # Benefits is applicable to cash patient only.
- # Not allow to use in conjunction with any other discount or promotional offers.

****Note :** The personal data you provide would be obligatory for Sri Kota to retain, process & use it for marketing & promotion purposes.

(For office use only) Applicant's Signature & Date

Membership N: **A P**

Date : _____



SRI KOTA SPECIALIST MEDICAL CENTRE
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