

SRI KOTA KIDS CLUB PRIVILEGE CARD

Membership Enrollment Form

Kid's Name	:																									
Date of Birth	:	/		/				(dd/mm/yy)																		
IC No	:																									
Gender	:	<input type="checkbox"/> Boy					<input type="checkbox"/> Girl																			
Race	:	<input type="checkbox"/> Malay					<input type="checkbox"/> Chinese					<input type="checkbox"/> Indian					<input type="checkbox"/> Others									
Address	:																									
Parent's Name (Father / Mother)	:																									
HP Contact	:	0 1		-				Father / Mother																		
E-mail (Father / Mother)	:																									

Parent's Signature

Benefits :

In-Patient

- 10% discount on all room charges
- 5% discount on Hospital charges including physiotherapy & laboratory service.
(except imaging services, consignment, item & implant.)

Out-Patient


- 10% discount on wellness screening program for parents
- 10% discount on medication
- 5% discount on physiotherapy & laboratory services

Term & Condition :

- Benefits are applicable to cash paying patients only
- For Sri Kota born kids below age 12 only
- Not allow to use in conjunction with any other discount or promotions
- This card is non-transferable
- Self-terminated upon Kids reaching age of 13

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



 www.facebook.com/srikotamedical

 [sri_kota_official](https://www.instagram.com/sri_kota_official)

<p>(For Office use only)</p> <p>Membership No. : <input style="width: 100%;" type="text"/></p> <p>Date : _____</p> <p>Issuing Dept. / Level : _____</p>	<p>_____ Issuance Signature</p>
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