

INSURANCE AGENTS' AFFILIATION PROGRAM

Membership Enrolment Form

Name	:																					
Salutation	:	Mr				Mrs]		Ms				Oth	ers				<u> </u>			
Date of Birth	:		/																			
IC No																						
Gender	:	∟ Mi	Male Female																			
Race	:		alay		ŀ	Chin				Inc	lian			Oth	ners							
Agency	:	Company:																				
Address	:																					
Postcode	:																					
Contact No	:	Off	ice				-															
		HP																				
Email	:																					
Benefits: In-patient: 1) 10% discount on all room charges Out-patient: 2) 10% discount on wellness screening program 3) 10% discount on physiotherapy and laboratory service 4) 5% discount on MRI and CT scan 5) 10% discount on cafeteria ala-carte menu 6) 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 and Conditions: 1) Discount above applicable to cash and credit card / debit card transaction only 2) Not valid with any other discount or promotion 3) Please present this card during registration 4) This card is not transferable																						
4) This card is not transferable5) Card valid for TWO year from date of issuance6) Card replacement will be charged RM5.00																						
The Management of Sri Kota Specialist Medical Centre reserves the right to change the Benefits and Terms & Conditions without further notice.																						
(For office use only) Membership No :																						
Issuing Dept. / L	_e	vel		:												App	olica	nt S	igna	atur	e	