

## **SAB GROUP PRIVILEGE PROGRAM**

Membership Enrolment Form

Name	:																		
Salutation	:	Mr			Mrs			-	Ms				Oth	ers					
Date of Birth	:	/ / (dd/mm/yy)																	
IC No	:						-			-									
Gender	:	Male			Fem	nale													
Race	:	Malay Chinese Indian Others																	
Department	:																		
Address	:																		
Postcode	:																		
Contact No	:	Office	9			-													
		HP				-													
Email	:																		
Benefits: Out-patient: 1) 10% discount on wellness screening program 2) 10% on medication 3) 5% discount on physiotherapy & laboratory services  Terms & Conditions: 1) Discount above applicable to cash and credit card / debit card transactions only 2) Not valid with any other discount or promotion 3) Please present this card during registration 4) This card is not transferable  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 :																			