

SENIOR CITIZEN PRIVILEGE PROGRAM

Membership Enrolment Form

Name	:																				
Salutation	:	Mr	<u> </u> 	<u> </u>	Mrs]	<u> </u>	Ms				Oth	ers		<u> </u>	ļ				<u> </u>
Date of Birth	:		/			/				(dd	/mr	n/yy	/)								
IC No	:																				
Gender	:	Male Female																			
Race	:	Malay] (Chin	ese			Inc	lian			Otl	hers							
Address	:																				
Postcode	:																				
Contact No	:	Office] -															
		HP				-															
Email	:																				
Benefits: In-patient: 1) 10% discount on all room charges 2) 5% discount on hospital charges including physiotherapy and laboratory services, excluding imaging services, consignment item, stent and implant Out-patient: 1) 10% discount on wellness screening program 2) 10% discount on medication 3) 5% discount on physiotherapy and laboratory services														S,							
Terms and Condi 1) Discount abov 2) Not valid with 3) Please present 4) Valid for TWO 5) Valid for patient 6) Card replacem	e an t th ye nt ner	applicable y other d nis card c ears from age 60 ae nt will be	iscou during date nd al charg	unt o g reg e of Is pove ged I	r pro jistra ssua only RM5.	moti tion nce 00	ion														
(For office use			Centre	reserves	s trie rigi	nt to cm	ange trie	е венен	is allu l	eiiis a	Conunic	ons with	out rurti	ner noud							
Membership N Date	Ю		:													1.		<u> </u>			_
Issuing Dept. /	/ L	_evel	:												Ap	plica	ant S	Sign	atur	е	