

CARD REPLACEMENT FORM FOR MAKSAM MEDIC CARE / BORANG PENGGANTIAN KAD UNTUK MAKSAM MEDIC CARE

Please email complete form to helpdesk@mscreen.com.my or contact MediScreen Careline at 03-7885 0733
ext. no **101** to speak with our customer service.

Principle's Name / <i>Nama Pencarum</i>		Telephone No. / <i>Nombor Telefon</i>	
NRIC / <i>No Kad Pengenalan</i>		Email / <i>E-mail</i>	
Membership No. / <i>No Keahlian</i>		Mailing Address / <i>Alamat Surat-menyurat</i>	Postcode / Poskod: Bandar / City: State / Negeri:
Plan Type/ <i>Jenis Pelan</i>	<input type="checkbox"/> Family (Keluarga) <input type="checkbox"/> Individu (Persendirian)		

REASON FOR REPLACEMENT CARD / SEBAB SEBAB PENUKARAN KAD

- Lost Card / Kad Hilang** (Lost Card will be charge RM 20.00 per card / Kehilangan kad akan dikenakan RM 20.00 bagi setiap kad)
- Name of lost card / **Nama kehilangan card** :
- NRIC / **No Kad Pengenalan** :
- Name of lost card / **Nama kehilangan card** :
- NRIC / **No Kad Pengenalan** :
- Card faulty / Kad Rosak**
- Others / Lain-lain** _____

BASIC DOCUMENT REQUIRED / DOKUMEN-DOKUMEN YANG DI PERLUKAN

- **Application form / Borang permohonan**
- **Prove of payment for card replacement / Bukti pembayaran untuk penggantian kad. (for lost card only / bagi kehilangan kad sahaja)**
- **Copy of Police Report / Salinan laporan polis (only for related / bagi yang berkaitan sahaja)**

REMINDER / PERINGATAN

- **Card processing will take 7 working days after payment received / Proses card akan mengambil masa 7 hari waktu bekerja selepas menerima pembayaran.**
- **Payment must be made through this account number / Pembayaran hendaklah dibuat pada akaun nombor seperti berikut:**

CIMB BANK
8001 985 621
MEDISCREEN SDN BHD

<p style="text-align: center;">_____</p> <p style="text-align: center;">Principle's Signature & Name</p> <p>NAME : _____</p> <p>NRIC : <table border="1" style="display: inline-table; text-align: center;"> <tr> <td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td> </tr> </table></p> <p>TELEPHONE NO : <table border="1" style="display: inline-table; text-align: center;"> <tr> <td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td> </tr> </table> - <table border="1" style="display: inline-table; text-align: center;"> <tr> <td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td> </tr> </table></p> <p>DATE : _____</p>																																														<h3 style="background-color: #cccccc; margin: 0;">FOR OFFICE USE ONLY</h3> <p>Date Received : _____</p> <p>Date of Amended : _____</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Signature of Marketing Executive</p>