MONTHLY STANDING INSTRUCTION (MSI) FORM

I _____ NRIC No. *(New)* _____
hereby authorize PATHLAB HEALTH MANAGEMENT (M) SDN. BHD. to charge the Payment payable in accordance with my preferred plan as indicated below.

No Cash Accepted $

Please tick (v) where boxes are made available :

VIP Prime							
☐ 500-SP	☐ 300-SP	☐ 200-SP	☐ 150-SP	☐ 500	☐ 300	☐ 200	☐ 150

VIP Prime Deductible							
☐ 500-DSP	☐ 300-DSP	☐ 200-DSP	☐ 150-DSP	☐ 500-D	☐ 300-D	☐ 200-D	☐ 150-D

Deductible Amount		
☐ RM3,000	☐ RM6,000	☐ RM10,000

	VIP Prime or VIP Prime Deductible		Total
Deposit	RM	X 2	RM
1st Month	RM		RM
		Total	RM
		2nd Month onwards	RM _____ per month

NOTE : Applicants are required to make 2 months deposit + 1 month 1st payment

FIRST & SUBSEQUENT PAYMENT

Via Credit Card

Card Holder's Name _____   NRIC No. *(New)* _____

Tel (H/P) _____ (O) _____ (Hse) _____

Credit Card No. _____   Card Expiry Date _____

Issuing Bank _____

☐ **VISA**   ☐ **MasterCard**

I, _____   NRIC No. *(New)* _____
hereby authorize the usage of my credit card for purpose of payment for VIP Prime or VIP Prime Deductible.

Card Holder's Signature   Date _____

X _____ *(Sign Here)*   Relationship _____

     Contact No. _____

IMPORTANT : 1. Please ensure you have sufficient fund or credit limit in your credit card at the time the payment is due.
2. Third party credit card holders are required to provide photocopy of credit card *(front and back)* and NRIC *(front and back)* for verification purposes.
3.

1st Payment *(Transaction Date)*	2nd Payment *(Subsequent Payment Date - Working Day)*
1st to 7th	1st
8th to 14th	8th
15th to 21st	15th
22nd to 25th	22nd
26th to 31st	26th

TERMS AND CONDITIONS :

1. This is the instruction that accompanies my application for VIP Prime Program or VIP Prime Deductible Plan that is automatically renewable up to 100 years old. I understand that the Payment during renewal may vary due to change of age band.
2. I hereby authorize Pathlab Health Management (M) Sdn. Bhd. (PHM) to charge to my above indicated credit card the applicable Payment payable for the Plan and the renewals thereof.
3. I understand and agree that the monthly payment shall be charged to the above indicated credit card in accordance to the transaction dates indicated in the IMPORTANT note under item 3.
4. I hereby instruct PHM to charge the monthly payment mentioned in item 3 above. I understand and agree that this consent is given voluntarily and I shall not hold PHM for any claim or claims arising thereof including but not limited to tampering, misuse and / or unauthorized mean other than specified therein.
5. In the event due to whatsoever reason, I shall discontinue my Plan, I shall give at least Sixty (60) Days Discontinuation Notice in writing prior to the date of expiry of my prevailing Plan. I acknowledge and understand that upon receipt of such Notice, PHM shall utilize the deposit to off-set the final monthly payment for my Plan.
6. In the event of changes in the Payment due to change of age band and / or revision to the Payment and / or revision to the Insurance Premium imposed by the Insurance Underwriter(s), I hereby authorize PHM to charge the above credit card indicated above with the amount being the revised rates.
7. In the event that any payment payable hereunder is not effected for any whatsoever reason, the Plan benefits will automatically be cancelled. The Insurance Underwriter(s), PHM shall not be held liable for any claims incurred thereafter and I hereby agree to indemnify and keep the said parties indemnified against any liabilities and / or claims which might arise after such cancellation.
8. PHM reserves the right at its own discretion to vary, delete or add to any of these terms and conditions from time to time.
9. In the event that Payment cannot be successfully processed for three(3) consecutive attempts, PHM reserves the right to cancel the program accordingly.
10. Account holder must inform PHM in writing of any changes pertaining to the bank including new credit card number, termination or cancellation of credit card at least 30 days before the next monthly payment due date.

X _____ *(Sign Here)*   _____
Signature of Applicant / Parent for Junior Application   Date