

EASY PAYMENT PLAN (EPP) / FULL PAYMENT 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.

Please tick (v) where boxes are made available :

No Cash Accepted



Step 1 :

| VIP Prime* | | | | | | | |
|----------------------------------|----------------------------------|----------------------------------|----------------------------------|-----------------------------------|--------------------------------|--------------------------------|--------------------------------|
| <input type="checkbox"/> 500-SP | <input type="checkbox"/> 300-SP | <input type="checkbox"/> 200-SP | <input type="checkbox"/> 150-SP | <input type="checkbox"/> 500 | <input type="checkbox"/> 300 | <input type="checkbox"/> 200 | <input type="checkbox"/> 150 |
| VIP Prime Deductible* | | | | | | | |
| <input type="checkbox"/> 500-DSP | <input type="checkbox"/> 300-DSP | <input type="checkbox"/> 200-DSP | <input type="checkbox"/> 150-DSP | <input type="checkbox"/> 500-D | <input type="checkbox"/> 300-D | <input type="checkbox"/> 200-D | <input type="checkbox"/> 150-D |
| Deductible Amount | | | | | | | |
| | | <input type="checkbox"/> RM3,000 | <input type="checkbox"/> RM6,000 | <input type="checkbox"/> RM10,000 | | | |
| Booster | | | | | | | |
| <input type="checkbox"/> PLAN 1 | | <input type="checkbox"/> PLAN 2 | | <input type="checkbox"/> PLAN 3 | | | |

Step 2 :

| | Age Of Next Birthday | VIP Prime or VIP Prime Deductible | Booster | Total |
|-------------------------|----------------------|-----------------------------------|---------------|----------|
| EASY PAYMENT PLAN (EPP) | | 12 x RM _____ | 12 x RM _____ | RM _____ |
| FULL PAYMENT | | RM _____ | RM _____ | RM _____ |

Step 3 :

| VIA CREDIT CARD | | | |
|--|--------------------------|--------------------------|------------|
| Card Holder's Name _____ | NRIC No. (new) _____ | | |
| Tel (H/P) _____ (O) _____ | (Hse) _____ | | |
| Credit Card No. _____ | Card Expiry Date _____ | | |
| CVV / CID Number (Last 3 digit on the signature panel) _____ | (for EPP Payment only) | | |
| Issuing Bank _____ | <input type="checkbox"/> | <input type="checkbox"/> | |
| Card Holder's Signature X _____ | (Sign Here) | | Date _____ |

THIRD PARTY CREDIT CARD AUTHORIZATION

I, _____ NRIC No. (New) _____
 hereby authorize the usage of my credit card for purposes of the Payment.

Card Holder's Signature _____ Relationship _____
X _____ (Sign Here) _____ Contact No. _____

IMPORTANT : Please ensure you have sufficient credit limit in your credit card for processing. Credit Card holders are required to provide photocopy of Credit Card (Front & Back) and NRIC (Front & Back) for verification purposes.

STANDING INSTRUCTIONS TO CHARGE ANNUAL PAYMENT FEE VIA CREDIT CARD (APPLICABLE FOR FULL PAYMENT ONLY)

I hereby authorize PATHLAB HEALTH MANAGEMENT (M) SDN. BHD. ("PHM") to auto charge my Payment at the expiry of each anniversary of my prevailing Plan by charging the Credit Card indicated above. I understand that the Payment during renewal may vary. This authorization shall remain valid and in effect until cancelled by myself in writing to PHM at least Sixty (60) Days prior to the expiry of my prevailing Plan. Notwithstanding the above instructions, I agree that my Plan may be terminated if the Payment is not paid when due. I agree to inform PHM in writing of any changes pertaining to lost / stolen / termination / cancellation or change of credit card at least 14 days before the renewal expiry date.

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

TERMS AND CONDITIONS :

1. I hereby authorize Pathlab Health Management (M) Sdn. Bhd. (PHM) to charge to my above-indicated credit card(s) the applicable Payment payable for VIP Prime and / or Booster and the renewals thereof.
2. I acknowledge that upon payment approval by the credit card company, the Payment payable will be earmarked at the prior of approval as a used portion of the credit limit granted to me and under a Yearly Easy Payment installment plan. This amount will thereafter be released gradually in accordance with the monthly installment amount which will then be debited to the credit card account.
3. I hereby instruct PHM to charge the monthly installment including the use of my payment security code to facilitate the Easy Payment Plans (EPP). 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.
4. In the event of changes in the Payment, I hereby authorize PHM to charge the above credit card indicated above with the amount being the revised rates.
5. In the event, that credit card(s) payment is declined for whatsoever reasons. The Plan benefits will automatically be cancelled. PHM shall not be held liable for any claims incurred thereafter and I hereby agree to indemnity and keep the said parties indemnified against any liabilities and / or claims which might arise after such cancellation.
6. PHM reserves the right at its own discretion to vary delete or add to any of these terms and conditions from time to time.

X*(Sign Here)*

Signature of Applicant / Parent for Junior Application

Date

CASH / CHEQUE VIA DIRECT BANK-IN (FULL PAYMENT ONLY)

| Bank | Account No. | |
|--------------------|-----------------|--|
| Public Bank Berhad | 311 966 1229 | <i>Cheque is to be made payable to Pathlab Health Management (M) Sdn. Bhd. Note: Applicants are required to submit the original deposit slip with the application form</i> |
| Maybank Berhad | 514 178 430 725 | |

FOR INFORMATION ONLY :

Merchant Minimum Amount for VIP Prime or VIP Prime Deductible and/or Booster :-

| No. | BANK | 12 MONTHS | REMARKS |
|-----|------------------------|------------|---|
| 1 | AmBank | RM1,000.00 | |
| 2 | Bank Simpanan Nasional | RM1,000.00 | DDA Form <i>(photocopy form can be used)</i> |
| 3 | CIMB | RM1,200.00 | DDA Form <i>(photocopy form can be used)</i> |
| 4 | Hong Leong | RM1,000.00 | |
| 5 | HSBC | RM1,000.00 | |
| 6 | Maybank | RM1,000.00 | |
| 7 | OCBC | RM1,000.00 | DDA Form <i>(original form must be submitted)</i> |
| 8 | Public Bank | RM500.00 | |
| 9 | RHB | RM1,000.00 | |
| 10 | Standard Chartered | RM1,000.00 | |
| 11 | UOB | RM1,000.00 | DDA Form <i>(photocopy form can be used)</i> |