

MONTHLY PAYMENT PLAN(MPP) SUPREMA 350 (PVM 2a)

SUPREMA 350 (PVM 2a)



Please tick (✓) where boxes are made available

| Age Of Next Birthday | SUPREMA 350 (PVM 2a) | | | XTRA (MCIS ZURICH) | |
|------------------------|------------------------------------|--|---------------------------------|---------------------------------|-------------------------------|
| | <input type="checkbox"/> Principal | <input type="checkbox"/> Supplementary | <input type="checkbox"/> Junior | <input type="checkbox"/> Silver | <input type="checkbox"/> Gold |
| 30 days - 18 | RM 128.00 | RM 108.00 | RM 78.00 | Additional RM 35 a Month | Additional RM 60 a Month |
| 19 - 25 | RM 128.00 | RM 108.00 | | | |
| 26 - 35 | RM 128.00 | RM 108.00 | | | |
| 36 - 45 | RM 148.00 | RM 128.00 | | | |
| 46 - 55 | RM 168.00 | RM 148.00 | | | |
| 56 - 60 | RM 188.00 | RM 168.00 | Not Applicable | | |
| 61 - 65 (renewal only) | RM 238.00 | RM 218.00 | | | |
| 66 - 70 (renewal only) | RM 308.00 | RM 288.00 | | | |

MONTHLY PAYMENT INSTRUCTION

I, _____ NRIC no. _____ hereby authorize PATHLAB HEALTH MANAGEMENT (M) SDN BHD (collection agent for MXM International Sdn Bhd) to charge my subscribed membership fee based on the below payment arrangement.

| SUPREMA 350 (PVM 2a) MEMBERSHIP | | XTRA (MCIS ZURICH) | |
|--------------------------------------|----------|--------------------------------------|----------|
| Membership Advance Payment | RM _____ | Membership Advance Payment | RM _____ |
| 1 st Month Membership Fee | RM _____ | 1 st Month Membership Fee | RM _____ |
| Subsequent Monthly Membership Fee | RM _____ | Subsequent Monthly Membership Fee | RM _____ |

Note : The Membership Advance Payment is equivalent to the Monthly Membership Fee as stated on the above Membership Fee Table in accordance to Age Band.

Via Credit / Debit Card

IMPORTANT : Please ensure you have sufficient credit limit in your credit / debit card for processing of Monthly Payment Plan (MPP)

Card Holder's Name _____ NRIC No. (new) _____
 Tel (H/P) _____ (O) _____ (Hse) _____
 Credit / Debit Card No. _____ Card Expiry Date _____
 CVV / CID Number _____ (Last 3 digit on the signature panel)
 Issuing Bank _____
 Cardholder's Signature _____ Date _____

ALTERNATIVE CREDIT / DEBIT CARD (IMPORTANT: The alternative credit / debit card will be used to complete the payment transaction in the event that the limit of the above credit / debit card is insufficient.)

THIRD PARTY CREDIT / DEBIT CARD AUTHORIZATION

Card Holder's Name _____ NRIC No. (new) _____
 Tel (H/P) _____ (O) _____ (Hse) _____
 Credit / Debit Card No. _____ Card Expiry Date _____
 CVV / CID Number _____ (Last 3 digit on the signature panel)
 Issuing Bank _____
 I, _____ NRIC _____ declare that I am a/the _____ of the above applicant and hereby authorize the usage of my above credit / debit card for purpose of application for membership under SUPREMA Series of Membership Programs.
 Cardholder's Signature _____ Date _____

Via Cheque (Current / Post Dated)

Cheque No. _____ Issuing Bank _____
 Cheque should be made payable to Pathlab Health Management (M) Sdn Bhd (Co. No. 299313-M)

I hereby agree to subscribe as a member under MXM SUPREMA Series of Membership Programs.

In consideration of MXM International Sdn Bhd agreeing to accept my application for Membership in the program, I hereby agree and confirm that:

- I hereby authorize MXM International Sdn Bhd or its authorized collection agent, PATHLAB HEALTH MANAGEMENT (M) SDN BHD, to charge the credit / debit card(s) indicated above with the Membership Fee payable in monthly instalments and hereby authorize that I am first charged the amount being the Advance Membership Fee + the 1st monthly instalment (as stated in the above Membership Fee Table under each individual Age Band) and thereafter my credit / debit card(s) shall be charged on such date specified below for the subsequent monthly instalments.
- I understand and agree that the monthly instalments shall be charged to the above indicated credit / debit card(s) in accordance to the below transaction dates:
 - If the payment for Advance Membership Fee + 1st monthly instalment is transacted within the period of 1st - 8th of every month, the subsequent monthly instalments will be charged to my above indicated credit / debit card(s) on the 1st of every month.
 - If the payment for Advance Membership Fee + 1st monthly instalment is transacted within the period of 9th - 31st of every month, the subsequent monthly instalments will be charged to my above indicated credit / debit card(s) on the 15th of every month.
 - In event the above transaction dates falls on a non-working day, the payable monthly instalments will be transacted on the next following working day.
- Upon submission of my application for the above Membership program, I understand that I will be bound to a 2-Yearly Auto-Renewable Membership Program. I understand that my Membership Fee for the renewed Membership may be subject to change that takes into account the individual Age Band. I hereby authorize MXM International Sdn Bhd or its authorized collection agent to charge to my above indicated credit / debit card(s) the applicable Membership Fees payable for the renewed Membership Program.
- In event that I opt to discontinue my Membership with MXM International Sdn Bhd, I shall give at least Sixty (60) Days Discontinuation Notice in writing prior to the date of expiry of my prevailing Membership. I acknowledge and understand that upon receipt of such Notice, MXM International Sdn Bhd shall utilize the Advance Membership Fee to off-set the final monthly instalment payable for my Membership Fee.
- In the event that the Advance Membership Fee collected is less than the chargeable monthly instalments for the Membership Fee for my renewed Membership, I hereby authorize MXM International Sdn Bhd or its authorized collection agent to charge my above indicated credit / debit card(s) with the difference between the Advance Membership Fee that has been charged and the new monthly instalment payable.
- In the event of changes in the Membership Fee due to change of age band and/or revisions to the Membership Fee and/or revisions to the Insurance Premium imposed by the Insurance Underwriter(s), I hereby authorize MXM International Sdn Bhd to charge the above credit / debit card(s) indicated above with the amount being the revised rates.
- In the event that any monthly instalment payment payable hereunder is not effected for any whatsoever reason, the Membership benefits and insurance policy will automatically be cancelled. The Insurance Underwriter(s), Pathlab Health Management (M) Sdn Bhd and/or MXM International Sdn Bhd 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.
- MXM International Sdn Bhd reserves the right at its own discretion to vary, delete or add to any of these terms and conditions from time to time.

Signature of Applicant / Parent for Junior Application _____ Date _____ Introducer's Name _____

| FOR OFFICE USE ONLY | | | | Centre Code | Submitted by | Handled by | Date Received |
|-------------------------|--------------------------|--------------------|--------------------|-------------|--------------|-------------------------|---------------|
| Suprema 350 Member Code | Suprema 350 Program Code | Amount | Suprema 350 OR No. | | | Ins. Loading Agent Code | MRM/ F. Fund |
| Xtra (M2) Member Code | Xtra (M2) Program Code | Amount | Xtra (M2) OR No. | | | | Total Amount |
| Batch No. | Payment Clearance Date | Bank Approval Code | Applicant's Name | | Case Type | | |

MEMBERSHIP PAYMENT MODE

VIA CREDIT / DEBIT CARD

Credit / Debit card holders are required to provide Photocopy of Credit / Debit card (Front & Back), I/C (Front & Back) for verification purposes.

Note: Please ensure there are sufficient limit for monthly installment via Credit / Debit card.

VIA POST DATED CHEQUES

Payment via Post Dated Cheques are accepted based on the below arrangements :

1 x Current Dated Cheque (Being Advance Membership Fee + 1st Month Membership Fee.

11 x Monthly Post Dated Cheques .

Note: Cheque is to be payable to Pathlab Health Management (M) Sdn Bhd. Please indicate Name, NRIC and Contact No.

DIRECT BANK-IN (CASH / CHEQUE)

Direct Bank-in via Cash / Cheques can be made to :

| BANK | ACCOUNT NO. |
|--------------------|-----------------|
| PUBLIC BANK BERHAD | 311 966 1229 |
| MAYBANK BERHAD | 514 178 430 725 |

Cheque is to be payable to Pathlab Health Management (M) Sdn Bhd.

Note: Members are required to fax the bank in slip to +603-7721 2839. Please indicate Name, NRIC and Contact No.

ONLINE PAYMENT

Members can also opt to service the Monthly Membership Fee through maybank2u.com.my / pbebank.com.my or through GIRO transfer via other Bank(s) / Financial Institution online services.

| BANK | ACCOUNT NO. |
|--------------------|-----------------|
| PUBLIC BANK BERHAD | 311 966 1229 |
| MAYBANK BERHAD | 514 178 430 725 |

Online payment is made payable to Pathlab Health Management (M) Sdn Bhd

Note: Members are required to fax the e-receipt to Collections Dept at +603-7721 2839, or email to collections@mxm.com.my. Please indicate Name, NRIC and Contact No.

DIRECT DEBIT VIA MAYBANK *(will be made available soon)*

Payment under this payment mode is **ONLY** made available for members with MAYBANK Current/Savings Account.

- | | |
|---------------|---|
| STEP 1 | Obtain the e-Debit Application Form from any of MXM International Branches/Centres. |
| STEP 2 | Complete the e-Debit form and attach with photocopy of NRIC and submit upon application of your membership. |

PAYMENT AT MXM BRANCHES / CENTRES

Payment via cheque(s) at all MXM International Sdn Bhd branches nationwide are accepted. Kindly indicate on the back portion of the cheque(s) your Name, NRIC, Contact No, Membership Number (e.g. MV1234, MW1234, SU1234, SX1234 or AX1234) and which Month the cheque(s) payment is for.

Note: Cheque is to be payable to Pathlab Health Management (M) Sdn Bhd. Please indicate Name, NRIC and Contact No.

MXM INTERNATIONAL SDN BHD 251435-D (A.J.L. 93246) - HEAD OFFICE

MXM TOWER, Level 801, Block A, Pusat Dagangan Phileo Damansara II. No. 15, Jalan 16/11, Off Jalan Damansara, 46350 Petaling Jaya, Selangor
T +603 7721 2888 F +603 7721 2889
E vcare@mxm.com.my W www.mxm.com.my

MXM INTERNATIONAL SDN BHD - PENANG

16B, 2nd Floor, Lebuhraya Thean Teik, Bandar Ayer Hitam, 11500 Penang
T +604 826 9223 F +604 829 4829

MXM INTERNATIONAL SDN BHD - IPOH

43B, Medan Ipoh 1A, Medan Ipoh Bistari, 31400 Ipoh, Perak.
T +605 548 9529 F +605 548 9529

MXM INTERNATIONAL SDN BHD - MELAKA

No. 17-19B, Jalan Melaka Raya 24, Taman Melaka Raya, 75000 Melaka
T +606 286 6698 F +606 286 6693

MXM INTERNATIONAL SDN BHD - JOHOR BAHRU

No. 52, 52A & 53, 53A, Jalan Sulam, Taman Sentosa, 80150 Johor Bahru, Johor
T +607 332 1889 F +607 335 2889

MXM INTERNATIONAL SDN BHD - KOTA KINABALU

No. 21-1, Lot 58A, 1st Floor, Lorong Lintas Plaza 2, Lintas Plaza 88300 Kota Kinabalu, Sabah
T +6088 260 655 F +6088 260 288

MXM INTERNATIONAL SDN BHD - SANDAKAN

Block 2, Lot 14, 1st Floor, Bandar Indah, 90000 Sandakan, Sabah
T +6089 236 282 F +6089 236 180

MXM INTERNATIONAL SDN BHD - SIBU

No.43, Lorong Pahlawan 7, 96000 Sibu Sarawak
T +6084 212 292 F +6084 219 622



Date:

To:

The Pacific Insurance Berhad
Level 6, Menara Prudential
No. 10, Jalan Sultan Ismail
50250 Kuala Lumpur
Malaysia

RE: REFUND OF INSURANCE PREMIUM

I, the undersigned, hereby instruct and authorize The Pacific Insurance Berhad to issue in favour of Pathlab Health Management (M) Sdn Bhd the refund of any premiums due and payable to me (if any) in the event of rejection or cancellation of my insurance policy for whatsoever reason by The Pacific Insurance Berhad. I shall indemnify and keep your goodselves indemnified against any loss and/or claims that you may suffer as a result of my instruction and authorization.

This authorization shall remain valid until it is revoked in writing with the consent of Pathlab Health Management (M) Sdn Bhd.

Thank you.

Yours sincerely,

.....

Name:

NRIC No:

c.c. *Pathlab Health Management (M) Sdn Bhd*