Our Ref. : L«=ref\_id»/«=year\_month»/DABC/MSPD/DMAFMH

Date : «=ref\_date»

|  |  |
| --- | --- |
| **«service\_provider.title.name.titleize:if(»«=service\_provider.title.name.titleize» «service\_provider.title.name.titleize:end»Dr. «=service\_provider.name.titleize»** | **Doctor Code: «=service\_provider.code»** |

«=service\_provider.clinic\_name.titleize»

«=service\_provider.address1.titleize»

«service\_provider.address2.titleize:if(pr»

«=service\_provider.address2.titleize»

«service\_provider.address2.titleize:endIf»

«service\_provider.address3.titleize:if(pr»

«=service\_provider.address3.titleize»

«service\_provider.address3.titleize:endIf»

«service\_provider.address4.titleize:if(pr»

«=service\_provider.address4.titleize»

«service\_provider.address4.titleize:endIf»

«=service\_provider.postcode» «=service\_provider.town.name.titleize»

«=service\_provider.state.long\_name.titleize»

Dear Doctor,

**APPROVAL FOR CHANGE OF ADDRESS**

We are pleased to inform you that your application for the change of address has been approved.

The address for your clinic has been changed to:

«=service\_provider.clinic\_name.titleize»

«=service\_provider.address1.titleize»

«service\_provider.address2.titleize:if(pr»

«=service\_provider.address2.titleize»

«service\_provider.address2.titleize:endIf»

«service\_provider.address3.titleize:if(pr»

«=service\_provider.address3.titleize»

«service\_provider.address3.titleize:endIf»

«service\_provider.address4.titleize:if(pr»

«=service\_provider.address4.titleize»

«service\_provider.address4.titleize:endIf»

«=service\_provider.postcode» «=service\_provider.town.name.titleize»

«=service\_provider.state.long\_name.titleize»

For your information, the Agreement between FOMEMA Sdn. Bhd. and Registered Doctor to conduct Medical Examination on Foreign Workers and the Standard Operating Procedures (SOP) For Doctors on The Medical Examination of Foreign Workers duly signed by your goodself have been forwarded to you earlier.

Please find enclosed herewith two (2) FOMEMA stickers to be displayed at your premises. We also enclosed herewith a letter of Allocation Details of Laboratory and X-ray Clinic Facility, and a tax invoice No. «=order\_code» dated «=order\_date» for your further action.

For further information, please contact our Management of Service Providers Department (MSPD) via e-mail at [mspd@fomema.com.my](mailto:mspd@fomema.com.my).

We look forward to working with you in ensuring the quality and integrity of the mandatory health-screening programme in the interest of the health and safety of our nation.

Thank you.

Yours faithfully,

**FOMEMA SDN. BHD.** *199601032301**(404653-V)*

**«=signee\_name»**

«=signee\_position\_1»

«=signee\_position\_2»