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

Date : «=ref\_date»

**«=service\_provider.name.titleize» X-ray Code: «=service\_provider.code»**

«=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 X-ray clinic has been changed to:

«=service\_provider.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 X-ray Facilities / Radiologist to conduct X-ray Examination on Foreign Workers and the Standard Operating Procedures (SOP) for X-ray Clinics / Radiologist duly signed by your goodself has been forwarded to you earlier.

Please find enclosed herewith two (2) FOMEMA stickers to be displayed at your premises. We also enclosed herewith 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»