



CONSULTANT APPLICATION FORM FOR MEMBERSHIP PROGRAM

Please use CAPITAL LETTERS and tick (✓) in the column.

Sila gunakan HURUF BESAR dan tandakan (✓) didalam ruang yang disediakan.

STATE			
TICK	TITLE	NAME	MAEB REGN NO
	GROUP MANAGER	MOHD RASYDAN CHE YA	
	SENIOR MANAGER	NUUR ASYRAFUDDIN	
	CONSULTANT		
	INTRODUCED BY		

*Mr /Mrs /Miss *En/Puan/Cik Name as per NRIC/Nama seperti di dalam Kad Pengenalan (MANDATORY)

KU MUHAMMAD AFIF BIN KU AZIZ

NRIC No/No KP (MANDATORY)

8 8 0 8 2 6 - 5 6 - 6 0 7 7

Contact Detail/Maklumat Perhubungan (MANDATORY)

Handphone No/No Tel Bimbit	013-6364702
Office No/No Tel Pejabat	
Email	kuafifkuaziz@yahoo.com

Address / Alamat (MANDATORY)

NO 3, JALAN PINGGIRAN 3/7, TAMAN PINGGIRAN BATU CAVES,
68100 BATU CAVES, SELANGOR

Bank Details / Maklumat Bank (MANDATORY)

Bank Name	MAYBANK ISLAMIC
Account No	164799114931

Race/Bangsa

Malay/Melayu	✓
Chinese/Cina	
Indian/India	
Others/Lain-lain	

Gender/Jantina (MANDATORY)

Male/Lelaki	✓
Female/Perempuan	

Attachment/Lampiran

Ic Copy	
Photo	
Businesscard	

IMPORTANT NOTICE / NOTIS PENTING:

Please answer all questions completely and truthfully. The company reserves the absolute right to terminate the agency agreement under the fault of misrepresentation or misleading the company. ALL MANDATORY fields must be completed /

Anda dikehendaki menjawab kesemua soalan dengan jujur dan lengkap. Kegagalan anda untuk berbuat demikian akan mengakibatkan perjanjian agensi anda sebagai tidak sah. Kesemua bahagian MANDATORY perlu dilengkapi.

PLEASE NOTE: ALL REGISTERED PERSON SHOULD QUOTE THEIR MAEB REGN NO IN CORRESPONDENCES

COOPERATIVE MEMBERS

1. Are you a member of any Cooperative? If yes, please stated the name of the Cooperative

Yes/Ya

No/Tidak

Yes/Ya.....

BENEFIT NOMINEE

*Mr/Mrs/Miss *En/Puan/Cik

N	O	R	A	Z	I	Z	A	H		B	I	N	T	I					
N	A	J	M	U	D	D	I	N											

Nric No/No KP

Old Nric/No KP Lama

6	2	1	0	1	6	-	1	0	-	5	6	9	4						
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PDPA DECLARATION

DECLARATION AND AUTHORIZATION / PENGISTIHARAN DAN PEMBERIKUASAAN (MANDATORY)

1- I certify that the answers given in this application are true to the best of my knowledge and agree that should this declaration be false, MyAngkasa Emas Medicare Sdn Bhd reserves the right to terminate the agreement without any reference to me.

2- I agree, consent and allow the Company to process my personal data with the intention of entering into a contract of Insurance, in compliance with the provisions of the Personal Data Protection Act 2010. I understand and agree that any personal information collected or held by the Company (whether contained in this application or otherwise obtained) may be held, used, processed and disclosed by the Company or Individuals and/or organizations related to and associated with the Company or any selected third party (within or outside Malaysia, including adjusters/investigators, solicitors, industry associations, regulators, statutory bodies, government authorities and credit reporting agencies) for the purpose of processing this application and providing subsequent service for this and to communicate with me for such proposes. I understand that I have a right to obtain access to and to request correction of any personal information held by the Company concerning me. Such request can be made to the Company's Head Office or any Branch Office. In accordance with the provisions of the Personal Data Protection Act 2010, I may contact the Customer Service Centre at 03 9207 9752 for the details of my personal data. Such information shall only be granted upon verification.

1- Saya dengan ini memperakui bahawa keterangan yang diberi di dalam borang permohonan ini adalah benar dan saya bersetuju sekiranya terdapat keterangan palsu, MyAngkasa Emas Medicare Sdn Bhd berhak untuk membatalkan kontrak tanpa merujuk kepada saya.

2- Saya bersetuju, mengizinkan dan membenarkan Syarikat untuk memproses data peribadi saya dengan niat untuk memterai perjanjian, selaras dengan peruntukan Akta Perlindungan Data Peribadi 2010. Saya memahami dan bersetuju bahawa sebarang maklumat peribadi yang diambil atau dipegang oleh Syarikat (sama ada terkandung dalam permohonan ini atau diperolehi dengan cara lain) boleh dipegang, digunakan, diproses dan didedahkan oleh Syarikat kepada individu dan/atau organisasi yang berhubung dengan dan berkaitan dengan Syarikat atau mana-mana pihak ketiga yang dipilih (di dalam atau di luar Malaysia, termasuk penyelaras/penyasat, peguam, persatuan industri, pengawal selia, badan-badan berkanun, pihak berkuasa kerajaan dan agensi pelaporan kredit) bagi tujuan memproses permohonan ini dan memberi perkhidmatan berikutnya dan untuk berhubung dengan saya untuk tujuan berkenaan. Saya faham bahawa saya berhak memperolehi akses kepada, dan memohon sebarang maklumat peribadi yang dipegang oleh Syarikat berkenaan dengan saya. Permohonan seperti itu boleh menghubungi Pusat Khidmat Pelanggan di 03 9207 9752 untuk maklumat data peribadi saya. Maklumat tersebut hanya akan diberikan selepas pengesahan.

Signature of Applicant/Tandatangan Pemohon

27/03/2020

Date / Tarikh

OFFICIAL USE

Checked and approved by,

HEAD OF OPERATIONS

Date / Tarikh