MaximDNA™ MediSavers®

INSTALMENT PLAN

In consideration of MXM International Sdn Bhd agreeing to accept my application for MaximDNA ValuePlus program.

I _____ , NRIC No. _____

hereby authorised Pathlab Health Management *(M)* Sdn. Bhd. *(collection agent for MXM International Sdn. Bhd.)* to charge the Program fee payable in accordance with my preferred payment plan as indicated below :

Step 1 :

MaximDNA ValuePlus
☐ MaximDNA ValuePlus

Step 2 :

MaximDNA ValuePlus	Total
12 x RM _____	RM
24 x RM _____	RM
36 x 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 Instalment Plan only)*

Issuing Bank _____ ☐ VISA ☐ MasterCard

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 Program.

Card Holder's Signature

X _____ *(Sign Here)*

Relationship _____

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.

TERMS & CONDITIONS

1. *I hereby authorise MXM International Sdn. Bhd. (MXM) or its authorised collection agent Pathlab Health Management (M) Sdn. Bhd. (PHM) to charge to my above-indicated credit card(s) the applicable Program Fees payable for MaximDNA ValuePlus.*
2. *I acknowledge that upon payment approval by the credit card company, the Program Fee payable will be earmarked at the prior of approval as a used portion of the credit limit granted to me and under a Yearly Instalment 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 MXM or PHM to charge the monthly installment including the use of my payment security code to faciliate the Instalment Plans. I understand and agree that this consent is given voluntarily and I shall not hold MXM or PHM for any claim or claims arising thereof including but not limited to tampering, misuse and / or unauthorised mean other than specified therein.*
4. *MXM 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 X _____ *(Sign Here)* Date _____

FOR INFORMATION ONLY :

Merchant Minimum Amount for Instalment Plan :

No.	BANK	12 MONTHS	24 MONTHS	36 MONTHS	REMARKS
1	Alliance Bank	RM500.00	N/A	N/A	Virtual Credit Card via MetaFin Platform
2	AmBank	RM1,000.00	RM1,000.00	RM1,000.00	
3	CIMB	RM1,200.00	N/A	N/A	DDA Form *(photocopy form can be used)*
4	Hong Leong	RM1,000.00	RM1,500.00	RM2,000.00	
5	HSBC	RM1,000.00	RM2,000.00	RM2,000.00	
6	Maybank	RM1,000.00	RM1,500.00	N/A	
7	OCBC	RM1,000.00	RM1,000.00	N/A	DDA Form *(original form must be submitted)*
8	Public Bank	RM500.00	RM500.00	RM500.00	
9	RHB	RM1,000.00	N/A	N/A	
10	Standard Chartered	RM1,000.00	RM1,000.00	RM1,000.00	
11	UOB	RM1,000.00	RM1,000.00	N/A	DDA Form *(photocopy form can be used)*