

Ref : MXM / MEMO / CUSTOMERCARE / 2016-12
Date : 1st December 2016
Attn : All MXM Agents, Members, Branches and Service Centers
Re : **Welcome Pack and Blood Screening Voucher**

Welcome pack and blood screening vouchers are given as part of MXM membership benefits to our members. We would like to encourage all our members to utilise the vouchers to monitor their health status. The vouchers are **NOT TRANSFERABLE** and will **EXPIRE** at the end of the membership period.

Please note that effective from 1st December 2016, any request for replacement of welcome pack will be subjected to replacement fee of RM 31.80 (inclusive of GST) if replacement reason is due to lost and with no supporting document (Police Report) provided. Replacement fee of RM 10.60 (inclusive of GST) will be applicable for all lost Membership Card or Agent Card. The replacement form is attached below.

At MXM, our members' health is our priority. Do utilise the vouchers in a timely manner to ensure a healthy and happy life.

Thank you.

Customer Care Department
MXM International Sdn. Bhd.

* Required Field

Personal Details

* Membership / Agent ID : _____
 * Name as in NRIC / Passport : _____
 * Contact Number : _____
 Email Address : _____

Replacement Details

Please tick the appropriate box

* Reason for replacement : Lost (Replacement Fee will apply.)
 Stolen (MXM will only replace welcome pack free of charge if provided with police report.)
 Never Received (MXM will only replace welcome pack free of charge if it is requested within 45 days from the date of welcome pack sent date.)
 Others : _____

Replacement Fee

* Replacement Type : Welcome Pack (RM 31.80)
 Membership / Agent Card (RM 10.60)
 Receipt

Note :

All fees inclusive of GST are non refundable.

Collection

* Collection Method : Collect at Branch : _____
 Mail out to my correspondence address
 New Address? We will assist to update database. Yes No

 Others : _____

Declaration

I hereby declare that :

- (i) The details provided in this form are true and correct.
- (ii) I understand that it is an offence to provide a false or misleading statement or document.
- (iii) I did not utilise the blood screening voucher prior to the replacement request.

Signature of applicant

Date : _____
 Day / Month / Year

Office Use Only

Received by : _____
 Date : _____
 Receipt Number : _____
 Replacement issued by : _____