



## MEMBERSHIP PAIRING REPLACEMENT APPLICATION FORM

Please make sure to fill in all the below columns and submit it to the HQ of MXM International or any of our branches/submission centres.

### MEMBERSHIP ADVISOR INFORMATION

Full Name as in IC. / Company Name : \_\_\_\_\_  
New NRIC No. : \_\_\_\_\_  
Advisor ID : \_\_\_\_\_  
Telephone No. : \_\_\_\_\_  
Email Address : \_\_\_\_\_

### EXISTING MEMBERSHIP PAIRING

Principal Program Holder's Name : \_\_\_\_\_  
Membership ID : \_\_\_\_\_

### NEW MEMBERSHIP PAIRING

Principal Program Holder's Name : \_\_\_\_\_  
Membership ID : \_\_\_\_\_  
New NRIC No. : \_\_\_\_\_

*(Signature of Applicant)*

Name of Applicant : \_\_\_\_\_  
Date : \_\_\_\_\_

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### Special Notes:

*The membership pairing of a membership advisor account can only be replaced by:*

- a **NEW** Adult MediSavers Membership Principal Program
- submitted in the current production month, and
- it must be under the same hierarchy as the membership advisor account.