



ParkCity
Medical Centre



MEMBERSHIP APPLICATION FORM

APPLICANT'S INFORMATION

SUBMIT your completed form during office hours from Mon - Fri to the **Customer Care reception**, Ground Floor (lobby), PMC.



Full Name:

Title:

Medical Record Number (MRN):

Age:

Date of Birth:

MyKad No. / Passport No.:

Gender:

Nationality:

Address (in Malaysia): _____

Mobile Number:

Email: _____

If you do not have an email address, please provide a valid and active email address of your family members

EMERGENCY CONTACT

Name:

Mobile Number:

Relationship:

For more information, please refer to [bit.ly/admcseiors](https://www.ramsaysimedarby.com/personal-data-protection-notice). Please refer to programme flyer or our website for full Terms and Conditions

PRIVACY & PERSONAL DATA PROTECTION POLICY

☐ I hereby allow my personal data to be processed for purposes stated in Ramsay Sime Darby Health Care ("RSDH") Privacy and Personal Data Protection Policy which is accessible at <https://www.ramsaysimedarby.com/personal-data-protection-notice>.

☐ I hereby agree to receive marketing materials from RSDH.

Name:
Date: