EASY PAYMENT PLAN *(EPP)* / FULL PAYMENT FORM

I _____ NRIC No. *(New)* _____

hereby authorize MetaFin Sdn. Bhd. to charge the Payment payable in accordance with my preferred plan as indicated below.

Please tick (√) where boxes are made available :

No Cash Accepted

Step 1 :

FlexiCare		
☐ Basic	☐ Basic + 61 Tests	☐ Basic + 61 Tests + Cancer Marker Screening

HealthPlus			
☐ 600	☐ 350	☐ 250	☐ 150

HealthPlus Deductible				
☐ RM5,000	☐ RM7,500	☐ RM10,000	☐ RM15,000	☐ RM20,000

Step 2 :

	Age Of Next Birthday	FlexiCare	Group Discount	Total
Easy Payment Plan *(EPP)*		12 x RM _____	12 x RM _____	RM
Full Payment		RM _____	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 EPP Payment only)*

☐ VISA ☐ MasterCard

Issuing Bank _____

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 Payment.

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.

STANDING INSTRUCTIONS TO CHARGE ANNUAL PAYMENT FEE VIA CREDIT CARD *(APPLICABLE FOR FULL PAYMENT ONLY)*

☐ I hereby authorize MetaFin Sdn. Bhd. to auto charge my Payment at the expiry of each anniversary of my prevailing Plan by charging the Credit Card indicated above. I understand that the Payment during renewal may vary. This authorization shall remain valid and in effect until cancelled by myself in writing to PHM at least Sixty *(60)* Days prior to the expiry of my prevailing Plan. Notwithstanding the above instructions, I agree that my Plan may be terminated if the Payment is not paid when due. I agree to inform PHM in writing of any changes pertaining to lost / stolen / termination / cancellation or change of credit card at least 14 days before the renewal expiry date.

X _____ *(Sign Here)*

Signature of Applicant / Parent for Junior Application

_____

Date

TERMS AND CONDITIONS :

1. I hereby authorize MetaFin Sdn Bhd *("MFSB")* to charge to my above-indicated credit card*(s)* the applicable Payment payable for FlexiCare and the renewals thereof.
2. I acknowledge that upon payment approval by the credit card company, the Payment payable will be earmarked at the prior of approval as a used portion of the credit limit granted to me and under a Yearly Easy Payment installment 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 MFSB to charge the monthly installment including the use of my payment security code to facililate the Easy Payment Plans *(EPP)*. I understand and agree that this consent is given voluntarily and I shall not hold MFSB for any claim or claims arising thereof including but not limited to tampering, misuse and / or unauthorized mean other than specified therein.
4. In the event of changes in the Payment, I hereby authorize MFSB to charge the above credit card indicated above with the amount being the revised rates.
5. In the event, that credit card*(s)* payment is declined for whatsoever reasons. The Plan benefits will automatically be cancelled. MFSB shall not be held liable for any claims incurred thereafter and I hereby agree to indemnity and keep the said parties indemnified against any liabilities and / or claims which might arise after such cancellation.
6. MFSB reserves the right at its own discretion to vary delete or add to any of these terms and conditions from time to time.

X _____ *(Sign Here)*

Signature of Applicant / Parent for Junior Application

_____

Date

DIRECT BANK-IN *(FULL PAYMENT ONLY)*		
Bank	**Account No.**	*Cheque is to be made payable to MetaFin Sdn. Bhd.* *Note : Applicants are required to submit the original deposit slip with the application form*
Maybank Berhad	564173514086	

FOR INFORMATION ONLY :

Merchant Minimum Amount :-

NO.	BANK	12 MONTHS
1	Hong Leong	RM1,000.00
2	Maybank	RM1,000.00