



**CORPORATE ACCOUNT CREDIT FACILITIES
APPLICATION FORM**

The Accounts Manager

Lot 3.6, Level 3, PNB Darby Park,
10 Jalan Binjai, 50450 Kuala Lumpur,
Tel : +60-3-2712 0866, Fax : +60-3-2712 0766

Dear Madam / Sir:

APPLICATION FOR CREDIT FACILITIES

I/we wish to recognize your medical center as our panel medical center and would like to apply for the credit facilities. State herewith the required information to support my/our application:

Name of Registered Business: _____

Business Address: _____

Telephone No: _____ Fax No: _____

Business Registration No: _____ Credit Amount Required: RM _____

Nature Of Business : _____

Authorised Capital : RM _____ Paid Up Capital (Latest) : RM _____

Please attach certified copies of the following documents (Company Registration):

- Form 9**
- Form 24**
- Form 49**
- Copy of most recent Current Account Statement**

I/we hereby certify and declare that the above particulars given are correct and accept the stipulated Terms and Conditions as per attachment. We further agree that the granting if this facility shall be at the discretion of this Medical Center:

Authorized Signature: _____

Name: _____

Designation: _____

Date: _____

Company Stamp

FOR HSC OFFICE USE ONLY

Credit Granted : YES / NO Credit Limit Granted : RM _____

Credit Terms : _____ Days

Approved By : _____

Name: _____ Date: _____

CORPORATE RATES FOR COMPANY NAME

GENERAL TERMS AND CONDITIONS

1. **Company name** (the Company) shall inform all its company employees that **HSC Medical Center** (the Medical Center) is one of its panel hospitals.
2. All invoices issued shall be based on the current schedules of charges. These charges are subject to changes without prior notification.
3. All invoices issued shall be settled promptly in full within the approved credit term from the date of invoice irrespective of whether it is under insurance claim or otherwise. The hospital reserves the right to charge 1% per month on all overdue invoices.
4. This credit facility is extended on the expressed condition that its utilization is solely for the employees (and dependents, if applicable) of the Company.
5. The credit facility is subject to a limit in terms of amount; this will be stated on your letter sent to you upon approval of Credit Facility.
6. Letters of guarantee must be issued by the Company to all its employees (and dependents, if applicable) requiring medical services. Such letters of guarantee shall be for the full invoice amount and not limited to any part thereof. (Please refer to samples attached)
7. The letters of guarantee issued by the company shall state, among other personal particulars of the patients (a) The period of validity and (b) The number of visit/consultations applicable.
8. This facility may be terminated upon notification in writing by either party.
9. The Medical Center reserves the right to review and/or amend the terms and conditions and take whatever actions deemed necessary to recover any or all-outstanding monies due. The Company shall be liable for all the expenses, including legal costs (if any) incurred in respect of such actions taken by the Hospital.

CORPORATE RATES

Prices are subject to changes without prior notice. All the other terms and conditions are subject to periodic review.