

APPENDIX A FORM :
(To be filled only for purpose of APC Amendment)

1. Name*:
2. (a) Identity Card No.*: New :
- (b) Passport No. (for foreigner)*:
3. Full MMC Registration no:
4. Telephone No. (H/P)
5. Email address:
6. Total No. of Places of Practice:places.
7. To **Change, Add** or **Delete** Practice Addresses:

<u>CHANGE</u> Principal Place/Other place (s) of practice	<u>ADD</u> Name and Address	<u>DELETE</u> Name and Address
OLD:		
NEW:		

5. Mode of Certificate Delivery: **Please choose one only.**

- * a. Please Post (ordinary mail) b. Collect In Person c. Somebody on my Behalf
- * d. Pos laju (please add) RM 20.00

Date:

Signature of applicant:

**Delete whichever is not applicable*

Note:-

- a) If you need more space, please use a separate sheet of paper.
- b) If you want someone to collect on your behalf, he/she needs to produce a Letter of Authorization from you .
- c) Please provide original copy of APC for amendments.
- d) The fee is payable by bank transfer, credit card and debit card only.
- e) Payment to MMC account number: **8600098716 CIMB (Proof of payment is needed).**

*Sila tanda

Pos Laju	<input type="checkbox"/>
Pos Biasa	<input type="checkbox"/>