

**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:

<b><u>CHANGE</u></b> Principal Place/Other place (s) of practice	<b><u>ADD</u></b> Name and Address	<b><u>DELETE</u></b> 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"/>