MALAYSIAN MEDICAL COUNCIL
Form 14
(Section 20, Medical Act 1971)
(Regulation 28, Medical Regulations 2017)

(Application for APC Year:_____)

APPLICATION FOR ANNUAL PRACTICING CERTIFICATE

1.	Full Name of Applicant (as in Medical Register)	
2.	NRIC or Passport No.	NRIC/Passport No.: Old IC No.:
3.	Indemnity Insurance *(only required on the 1st January 2021)*	Provider:
		Policy No.:
		Date:
4.	Continuing Professional Development (CPD) Points *(only required on the 1st January 2020)*	Points Collected:
		Year:
5.	Contact Information	Phone: Email:
6.	Residential Address *with postcode*	
7.	a. Name and Address of principal place of practice *with postcode*	
8.	b. Name and Address of other place(s) of practice with postcode *(Please attach separate paper if more than 2 place of practice with full name/identity card/APC year)*	
9.	a. Full registration certificate No.	
	b. Date of full registration or of registration under any previous law	
	c. Place of registration under any previous law	
10.	Last Annual Practicing Certificate No.	
11.	Particulars of bank draft/money order/ postal order/cheque which is attached	a. No.:
		b. Sum: RM
		c. Post Office/Bank & Date:
12.	Pos laju (tambahan)	a. Sum: RM 20.00
13.	Jumlah	a. Sum: RM

_____ Date:

_____ Signature of Applicant

Note:-

1. This application should be addressed and submitted to:
   The Registrar of Medical Practitioners, Ministry Of Health, Ground Floor, Block B
   Jalan Cenderasari, 50590 Kuala Lumpur. (Tel No. : 03-26912171/ Fax No.: 03-26912937)
   Not later than the 1st day of December.
2. Where the application is made later than the 1st day of December, an additional late fee of RM100.00 is payable.
3. Please fill the form in BLOCK LETTERS completely and **please make a copy for use in future.**
4. The fee is payable by bank transfer, credit card, and debit card only.
5. Payment to MMC account number: **8600098716 CIMB (Proof of payment is needed)**
6. Practitioners who are NOT yet fully registered are not eligible to apply for APC.
7. For Foreign Practitioners, please attach a copy of your Full Registration.
8. If you want someone to collect on your behalf, he/she needs to produce a Letter of Authorization from you.

*Sila tanda

Pos Laju ☐
Pos Biasa ☐