



MALAYSIAN MEDICAL COUNCIL
APPLICATION FOR COPY/TRANSLATION OF CERTIFICATES AND
OTHER SERVICES

1. Personal Information		
Full Name of Applicant : <i>(as per NRIC/Passport)</i>		
NRIC/Passport No.*:	Citizenship:	
MMC Provisional/Full Registration No.*:	Latest TPC/APC No.*:	
Residential Address		
Postal Address		
Tel (<i>office</i>):	Tel (<i>mobile</i>):	Email:

**Strike out whichever is not applicable*

2. Application <i>(Please tick (v)) - For service rates, please refer to the MMC's Fee Rate for Services Rendered at www.mmc.gov.my</i>					
<input type="checkbox"/>	Search & verification of information	(RM75)	<input type="checkbox"/>	Copy of Record of Proceedings	(RM50)
<input type="checkbox"/>	Copy of document/certificate	(RM200)	<input type="checkbox"/>	Translation of certificate	(RM200)
<input type="checkbox"/>	Request for documents to be sent through fax	(RM5)	<input type="checkbox"/>	Request for documents to be sent by Registered Post or Poslaju – in Malaysia	(RM20)
<input type="checkbox"/>	Rechecking of EPR examination results (Date of exam): _____	(RM300)	<input type="checkbox"/>	Amendment/Addition of information on documents/certificates	(RM50)
<input type="checkbox"/>	Others: (Please specify requirement, subject to availability of service)				

3. Application Details <i>(Please specify document/certificate needed with dates and other relevant information)</i>

Note: Please use a separate sheet of paper if space is inadequate.

4. Payment Details <i>(Payment to be made to 'Kumpulan Wang Majlis Perubatan Malaysia' in bank draft, money order, postal order or banker's cheque, with the practitioner's name and NRIC/passport number written on the back).</i>	
Bank Draft/Money or Postal Order/Banker's Cheque No.*:	Date:
Sum: RM	
Name of Post Office/Bank:	

**Strike out whichever is not applicable*

5. Mode of collection <i>(Please tick (v))</i> <i>** For collections on behalf, please bring along an authorization letter from the applicant on the day of collection.</i>	By Hand	By Post	On Behalf**
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Date	Signature of Applicant
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For Official Use:

1. Application: Approved/Not Approved* <i>(*Strike out whichever is not applicable)</i>	2. Comments/Instructions:
Date	Rubber Stamp & Signature of Approving Officer