



**MALAYSIAN MEDICAL COUNCIL APPLICATION
FOR COPY 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 <i>(per verification of each document)</i> (RM75)	<input type="checkbox"/> Copy of Record of Proceedings (RM50)
<input type="checkbox"/> Request for documents to be sent through fax (RM5)	<input type="checkbox"/> Copy of certificate (per certificate) (RM200)
<input type="checkbox"/> Rechecking of EPR examination results (RM300) <i>(Date of exam):</i> _____	<input type="checkbox"/> Request for documents to be sent by Registered Post or Poslaju – in Malaysia (RM20)
<input type="checkbox"/> Amendment/Addition of information on documents/certificates (RM50)	
Others: <i>(Please specify requirement, subject to availability of service)</i>	

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	KUMPULAN WANG MAJLIS PERUBATAN MALAYSIA CIMB Islamic Bank Berhad Account Number: 8600098716
Payment details (online banking / debit card / credit card)*:	Date:
Sum: RM	
Proof of payment / Transaction ID (if applicable):	

**Strike out whichever is not applicable*

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

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