

In consideration of MXM International Sdn Bhd agreeing to accept my application for MaximDNA program.

I _____, NRIC No. _____
 hereby authorised Pathlab Health Management (M) Sdn. Bhd. (collection agent for MXM International Sdn. Bhd.) to charge the Program fee payable in accordance with my preferred payment plan as indicated below :

Step 1 :

MaximDNA		
☐ MaximPro+	☐ MaximPro	☐ MaximCare

Step 2 :

MaximDNA	Total
12 x RM _____	RM _____
24 x RM _____	RM _____
36 x RM _____	RM _____

Step 3 :

VIA CREDIT CARD	
Card Holder's Name _____	NRIC No. (New) _____
Tel (H/P) _____ (O) _____	(Hse) _____
Credit Card No. _____	Card Expiry Date _____
CVV / CID Number (Last 3 digit on the signature panel) _____	(for Instalment Plan only)
Issuing Bank _____	☐  ☐ 
Card Holder's Signature X _____ (Sign Here)	Date _____

THIRD PARTY CREDIT CARD AUTHORIZATION

I, _____ NRIC No. (New) _____
 hereby authorize the usage of my credit card for purposes of the Program.

Card Holder's Signature _____ Relationship _____
X _____ (Sign Here) _____
 Contact No. _____

IMPORTANT : Please ensure you have sufficient credit limit in your credit card for processing. Credit Card holders are required to provide photocopy of Credit Card (Front & Back) and NRIC (Front & Back) for verification purposes.

TERMS & CONDITIONS

- I hereby authorise MXM International Sdn. Bhd. (MXM) or its authorised collection agent Pathlab Health Management (M) Sdn. Bhd. (PHM) to charge to my above-indicated credit card(s) the applicable Program Fees payable for MaximDNA.
- I acknowledge that upon payment approval by the credit card company, the Program Fee payable will be earmarked at the prior of approval as a used portion of the credit limit granted to me and under a Yearly Instalment plan. This amount will thereafter be released gradually in accordance with the monthly installment amount which will then be debited to the credit card account.
- I hereby instruct MXM or PHM to charge the monthly installment including the use of my payment security code to facilitate the Instalment Plans. I understand and agree that this consent is given voluntarily and I shall not hold MXM or PHM for any claim or claims arising thereof including but not limited to tampering, misuse and / or unauthorised mean other than specified therein.
- MXM reserves the right at its own discretion to vary delete or add to any of these terms and conditions from time to time.

Signature of Applicant **X** _____ (Sign Here) _____ Date _____

FOR INFORMATION ONLY :

Merchant Minimum Amount for Instalment Plan :

No.	BANK	12 MONTHS	24 MONTHS	36 MONTHS	REMARKS
1	Alliance Bank	RM500.00	N/A	N/A	Virtual Credit Card via MetaFin Platform
2	AmBank	RM1,000.00	RM1,000.00	RM1,000.00	
3	CIMB	RM1,200.00	N/A	N/A	DDA Form (photocopy form can be used)
4	Hong Leong	RM1,000.00	RM1,500.00	RM2,000.00	
5	HSBC	RM1,000.00	RM2,000.00	RM2,000.00	
6	Maybank	RM1,000.00	RM1,500.00	N/A	
7	OCBC	RM1,000.00	RM1,000.00	N/A	DDA Form (original form must be submitted)
8	Public Bank	RM500.00	RM500.00	RM500.00	
9	RHB	RM1,000.00	N/A	N/A	
10	Standard Chartered	RM1,000.00	RM1,000.00	RM1,000.00	
11	UOB	RM1,000.00	RM1,000.00	N/A	DDA Form (photocopy form can be used)