

CUSTOMER APPLICATION FORM

PRIVATE & CONFIDENTIAL

Instructions

Please complete this application form in BLOCK LETTERS and enclose a photocopy of the applicants' identification card (I/C), annual practicing certificate or equivalent and SSM company profile requested in the terms and conditions on page 2. Any incomplete applications **may not** be processed.

Date:

Type of Healthcare Facility:
(e.g. Clinic, hospital, etc.)

Healthcare Facility Name:

Healthcare Facility Address:
.....
.....
.....

Healthcare Facility Postcode:

Healthcare Facility State:

Applicant Name:

Applicant Position:

Telephone Number:

Mobile Number:

Fax Number:

Email Address:

Company Name:
("Company")

Business Registration No:

Year of Incorporation:

Details of Director(s)/Partner(s)/Proprietor:

	Name	I/C No
i.
ii.
iii.
iv.

Mayflax Representative:

TERMS AND CONDITIONS

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The terms and conditions forming part of this application for credit limit and term are as follows: -

- a. A copy of the annual practicing certificate ("APC") or equivalent of the healthcare professionals practicing in your Company must be enclosed in this application. Mayflax Sdn Bhd ("Mayflax") will verify the validity of this document with the relevant regulatory bodies in Malaysia (e.g. Ministry of Health Malaysia).
- b. A copy of the Company's Directors/Partners/Proprietors' I/C must be enclosed in this application.
- c. A copy of your SSM company profile must be enclosed.
- d. The acceptance of this application for credit limit and terms is at the sole discretion of Mayflax where it may take up to 6 months to be approved before which all goods/services received shall be payable on a **cash on delivery basis**. The review process on awarding credit limit and terms will be on a 3-month review and shall be based on the consistency and amount purchased on a monthly basis.
- e. The credit limit and term awarded shall be valid for products purchased from Mayflax only.
- f. The acceptance of the orders raised is subject to the credit limit and term approval by Mayflax.
- g. If the application for credit limit and term is approved, all goods/services received shall payable within 30 to 60 days from the date of invoice.
- h. The authorised officers/directors/partners/proprietor of the Company agree to assume joint and several liability of the Company in the event of non-payment of invoices within the stipulated credit period.
- i. Any change of directorship/partnership, address of business, bankers, authorised bankers, authorised signatories and nature of business must be notified to Mayflax within 7 days of any change.
- j. Mayflax reserves the right to add, vary, modify or delete the terms and conditions at any time and from time to time upon giving due notice to the address provided in this application.
- k. The application for credit limit and term may be withdrawn or suspended at any time without any reasons or any notice given.
- l. This application for credit limit and term is not transferable to other companies, or associate companies of the approved company or to any related company as defined under section 7 of the Companies Act 2016.

TERMS AND CONDITIONS (CONTINUED)

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m. Pursuant to the Credit Reporting Agency Act 2010 ("CRA Act") and Central Bank of Malaysia Act 2009, I / we the undersigned do hereby give my / our consent to you and CTOS Data Systems Sdn Bhd ("CTOS"), a registered credit reporting agency under the CRA Act to process my / our company and personal data.

By this consent, I / we understand and agree that:

i. You may conduct credit / trade check, Central Credit Reference Information System ("CCRIS") and dishonoured cheque ("DCHEQS") checks on us and where applicable with CTOS at any time for as long as I / we have a trade relationship with you or where any dues remain unpaid and outstanding with you, for any one or more of the following purposes:

- Opening of Account
- Debt Recovery
- Credit/Account Review
- Credit/Account Monitoring
- Credit/Account Evaluation
- Legal documentation consequent to a contract or facility granted by you

ii. You may disclose any information on my / our conduct of accounts with you, to any business entity/ies for bona fide trade checking at any time. I / We are also aware and understand that such information will be provided to a credit reporting agency/ies, who may in turn provide such information to subscribers of their service.

iii. Where you require any processing of our application to be processed by any processing centre located outside Malaysia (including your Head Office), I / We hereby give consent to CTOS to disclose my / our credit, CCRIS & DCHEQS reports to such locations outside Malaysia.

iv. Apart from the above, I / We undersigned do give our consent to you and CTOS, to process my / our personal data as per the Personal Data Protection Act 2010.

I / We hereby agree to the above terms and conditions and declare that the information provided by me are true and accurate

Signature:
Name:
I/C No:
Title:
Company:
Date:

Signature:
Name:
I/C No:
Title:
Company:
Date:

Company stamp:

Date:

PRIVATE & CONFIDENTIAL

Mayflax Sdn Bhd

Suite No. 1006, Block B,
Pusat Dagangan Phileo Damansara II,
No. 15, Jalan 16/11,
46350, Petaling Jaya,
Selangor Darul Ehsan

Dear Mayflax,

I, with the I/C No

who is the healthcare professional in charge of the medical practice at:

.....
.....
.....
.....

hereby apply to be a member of “**Konsortium Kesihatan**”, and I further undertake to make all payments to **Mayflax Sdn Bhd** for all purchases ordered by myself or by my authorised representative(s).

Yours faithfully,

Witnessed by,

.....

.....

.....
Company stamp