



Applicant's Information

Title : Dr Others : _____

Full Name as in IC / Passport / Military ID : _____

NRIC / Passport No. : _____

Gender : Male Female

Nationality : _____

Race : Malay Chinese Indian Others : _____

Company / Clinic Name : _____

Correspondence Address : _____

Postcode : _____ City : _____ State : _____

Telephone : _____ Fax : _____

Mobile Phone: _____

Personal E-mail: _____

Are you a current BCard member? Yes No

Membership Data Usage Consent

It is necessary for us to process your personal data if you wish to maintain your membership with TMC GP Plus, to enable us to extend the membership benefits that you entitled to and for us to provide you with updates on the Club.

I hereby give consent to TMC to process my personal data in accordance with the **Written Notice**.
I would like to receive direct marketing from TMC including future events, promotions, updates and any other marketing activities.

Signature :

Name :

Date (DD/MM/YYYY):

Tropicana Medical Centre (M) Sdn. Bhd. (TMC) pursuant to Section 7 of Personal Data Protection Act (PDPA) 2010 has made available at its website: www.tropicanamedicalcentre.com, a copy of the Written Notice which includes the purposes for which your personal data is collected/processed and classes of third parties to whom TMC may disclose your personal data to.

*** Please email completed form to marketing@tmclife.com