

MEMBERSHIP APPLICATION FORM

I wish to apply for membership of Medical Defence Malaysia Berhad. Once elected to membership by the Board of Medical Defence Malaysia Berhad, I agree to be bound by the articles of association of Medical Defence Malaysia Berhad (available on request). I declare that the information given below is true and correct.

PERSONAL DETAILS

Title:	Name
	D.O. B:
Residential Address:	
Postal Code:	
Practice Address:	
Postal Code:	
Telephone Residence :	Handphone :
Fax-Practice :	Telephone-Practice :
Email:	Male / Female (Please delete as applicable)
Address For Corresspondense : <input type="checkbox"/> Practice <input type="checkbox"/> Residence	

PRACTICE DETAILS

Basic Degrees : Postgraduate Qualification :	Date Obtained:
University:	Year Commenced Practice:
Malaysian Medical Council Registration No. : Date Registered:	Type of current practice, e.g.: employer indemnified, private practice etc:
Specialisation:	Annual Practising Certificate No: (Please enclose photocopy)
Does your employer indemnify you for any of your work? <input type="checkbox"/> Yes <input type="checkbox"/> No (if yes, please provide full details)	

INDEMNITY HISTORY

Have you ever been a member of a defence organisation or held a policy of professional indemnity insurance?

Yes No If yes, name of organisation _____

Date of Joining	Date of Resignation:
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Have you ever had or do you know of any claim, demand, suit or other legal action brought or threatened against you in respect to your conduct as practitioner in the past or at present? Yes No

Do you know of any incident past or present that may be likely to lead to a claim, demand, suit, or legal action being brought or threatened against you now or in the future? Yes No

If you have answered yes to either of the above please explain in full detail below including when you notified your current defence organisation of this incident. (Please attach a separate sheet if necessary) Yes No

Has any Medical Defence Organisation or insurance company refuse to provide you with medical indemnity? Yes No

PAYMENT DETAILS

All payments to "Medical Defence Malaysia Berhad", by Cheque/Bank Draft/Postal Order

Membership Category:	Amount Payable:
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Cheque / B.Draft / Postal Order No:	Bank:
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Requested Date of Commencement of Cover:
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Important notes:

1. All applications are subject to the approval of the Board of Directors of MDM. Please post completed forms to:

Medical Defence Malaysia
M-3-4, 2nd Floor,
Plaza Damas,
No. 60, Jalan Sri Hartamas 1,
Sri Hartamas
50480 Kuala Lumpur

2. Benefits of membership are available on an occurrence basis, which means that you must have been in benefits with Medical Defence Malaysia Berhad at the time of the event giving rise to the request for the benefits of membership
3. Indemnity provided by MDM to its members shall be in accordance with the terms of the Professional Indemnity Insurance for Medical Practitioners, which MDM has effected with its Insurers. Details of these terms are available from MDM upon request.
4. Please note that Medical Defence Malaysia shall **not** be liable for :
 - Any claim arising from clinical practice not stated in the Application Form.
 - Any claim arising out of any malpractice occurring prior to the inception date of this policy.

- Any claim arising out of a specific liability assumed by the Member under contract which goes beyond the duty to use such skill and care as is usual in the exercise of the Member's activities stated in the Application Form
- Any Claim directly or indirectly caused by or contributed to by :
 1. Any act in violation of any law or ordinance.
 2. Any dishonest, fraudulent or criminal act of the Member and/or any employee of the Member.
 3. The performance of professional service whilst under the influence of intoxicants or narcotics.

Date:_____ I/C No:_____ Signature of Applicant:_____

Office purposes only:

Entered	Member code	Spec	Checked
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