

SUBSCRIBING 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. I declare that the information given below is true and correct.

PERSONAL DETAILS

Name :		D.O.B:	
I/C No:		Next of Kin:	
Residential Address :			
Postal Code :			
Practice Address :			
Postal Code :			
Telephone : (Residence)		Handphone :	E-mail :
Telephone : (Practice)		Fax :	(Practice)
Address for Correspondence :		<input type="checkbox"/> Practice	<input type="checkbox"/> Residence

PRACTICE DETAILS

Basic Degrees :		Date Obtained :	
University :			
Postgraduate Qualification:		Date Obtained :	
University / Professional body :			
Malaysian Medical Council	Year Commenced Practice as		
Registration No. :	GP / Specialist :		
Date of Registration :	Type of current practice, e.g. : employer indemnified, private practice, etc:		
Membership Category :			
Registration with National Specialist Register (NSR)		<input type="checkbox"/> yes	<input type="checkbox"/> no
National Specialist Registration No. :			
Annual Practising Certificate No:		(Please enclose current 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)			

Failure to notify MDM Bhd of any change of address or scope of practice could result in suspension or termination of your benefits.

INDEMNITY HISTORY

- 1a. 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 : _____

- 1b. Have you ever had or do you know of any complaint, claim, demand, suit or other legal action brought or threatened against you in respect to your conduct as a medical practitioner in the past or at present? Yes No
- 1c. 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
- 1d. If you have answered "yes" to either of the above please explain in full details including when you notified your current defence organisation of this incident. (please answer on a separate sheet) Yes No
- 2a. Has any Medical Defence Organisation or insurance company refused to provide you with medical indemnity? Yes No
- 2b. If yes, please give the reasons. (please answer on a separate sheet)
3. Have you ever been the subject of a disciplinary inquiry or had practice privileges refused/withdrawn/made conditional by a private healthcare facility? Yes No
4. Have you ever been subject to complaint, inquiry or investigation or hearing by the Malaysian Medical Council or had conditions imposed on your practice or been suspended or erased from a medical register? Yes No
5. Have you ever been cautioned by police in respect of, or convicted of, any criminal allegation (including road traffic offences)? Yes No

PAYMENT DETAILS

All payments to "Medical Defence Malaysia Berhad", by cheque/bank draft

Membership Category :	Amount Payable :
Cheque / Bank Draft No. :	Bank :
Requested Date of Commencement of Cover :	

If accepted as a member of MDM Bhd, I agree that if my subscription is in arrears for more than one month, then I shall cease to be entitled to any membership benefit with MDM Bhd from that date when such subscription is due. I also agree that after non-payment for two months, MDM Bhd may terminate my membership by notice.

MDM Bhd provides indemnity for your practice in Malaysia only.

IMPORTANT NOTES

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

MEDICAL DEFENCE MALAYSIA BERHAD
M-3-4, PLAZA DAMAS
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 benefit with Medical Defence Malaysia Berhad at the time of the event giving rise to the request for the benefits of membership. Benefits of membership is on a discretionary basis.
3. Indemnity provided by MDM to its members shall be in accordance with the terms of the Professional Indemnity Insurance for Medical Practitioner which MDM has effected with its insurers. Details of these terms are available from MDM upon request.
- 4 I undertake to inform Medical Defence Malayisa Berhad without delay if there is a material change in the information that I have given above. I agree that if I fail to do so MDM Bhd may use its discretion to terminate, suspend or withdraw any or all of the benefits of my membership or impose restrictions when providing such benefits to me.
- 5 Please note that Medical Defence Malaysia Berhad shall **NOT** be liable for:
 - (i). Any claim arising from clinical practice not stated in the Application Form.
 - (ii). Any claim arising out of any malpractice occurring prior to the date of your becoming a member
 - (iii). 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.
 - (iv). Any claim directly or indirectly caused by or contributed to by:
 - a) Any act in violation of any law or ordinance.
 - b) Any dishonest, fraudulent or criminal act of the member and/or any employee of the member.
 - c) The performance of professional service whilst under the influence of intoxicants or narcotics.

Date : _____

Signature : _____

Office purposes only :

Entered	Member Code	Spec	Checked
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