

# MEMBERSHIP RENEWAL

Scheme of co-operation with MMA

1800 815837 | mps@mma.org.my

Medical  
Protection



Please complete this form in **BLOCK CAPITALS** and ensure you **SIGN** and **DATE** as required.

|                           |
|---------------------------|
| Medical Protection number |
| IC number (new)           |
| IC number (old)           |

|               |
|---------------|
| Full name     |
| House address |
| Postcode      |
| Email         |
| Telephone     |
| Mobile        |
| Fax           |

**Work information**

|   |
|---|
| Address   |
| Postcode  |
| Telephone   |
| Fax   |
| Email   |
| Please tick the address where you wish to receive correspondence: <input type="checkbox"/> Work <input type="checkbox"/> Home |

|                               |
|-------------------------------|
| Membership grade              |
| Details of specialty/practice |

**IMPORTANT:** As a professional organisation protecting you in your career, we expect you to tell us about any current or previous criminal convictions, police cautions, disciplinary or similar issues you are or may have been involved with in the past. If any of these apply to you, please provide dates and details below:

|  |
|--|
|  |
|  |

## Method of payment

I wish to pay my subscription in accordance with the following instructions: Please tick **ONE** of the following options as appropriate:

|                         |  |
|-------------------------|--|
| 1. Cheque               | <input type="checkbox"/> Crossed and made payable to: Medical Protection Society (No instalments)   Cheque number: |
| 2. Cash                 | <input type="checkbox"/>   |
| 3. Online bank transfer | <input type="checkbox"/> Please send payment to our HSBC bank account, 359-195732-101.                             |

**If your scope of practice has changed or you feel that your subscription category is incorrect please contact the Malaysian Medical Association for further assistance.**

|                 |                |
|-----------------|----------------|
| Date of receipt | Receipt number |
|-----------------|----------------|

**IMPORTANT! – Please read the following**

**PLEASE NOTE**

- (i) Failure to notify us of a change of address and/or the scope of your practice could result in delay in providing or the suspension or withdrawal of the benefits of membership and/or the cancellation or termination of your membership.
- (ii) You may cancel your membership at the end of any subscription period by giving us prior notice.

**Important – Your Personal Information and Data**

When interacting with MPS, you may choose to give MPS information about your criminal convictions and offences (including alleged offences), your health, race, ethnic origin, sex life, sexual orientation and trade union membership ("Special Category Data"). This happens where that information is relevant to your membership or the actual or potential provision of advice, assistance or indemnity. We may also receive Special Category Data about you from others in connection with membership or advice, assistance or indemnity (eg from a complainant, claimant, witness, expert, court or regulator).

To find out more about how we collect, use and handle your data including Special Category Data, please see the Privacy Statement on our website [medicalprotection.org](https://medicalprotection.org).

**When you tick the box below, you expressly consent to MPS processing your Special Category Data for the purposes of providing you with membership and its benefits (including assistance and indemnity).**

☐ **I consent**

You may withdraw consent to such processing by contacting MPS, but if you do so we will no longer be able to provide you with membership and its benefits.

**IMPORTANT! – Please read, sign and add the current date below.**

**By continuing in membership, you agree and confirm that:**

- (i) You understand that renewal is subject to approval by MPS
- (ii) You acknowledge that any subscription payments made are subject to verification and that acceptance of a payment by MPS does not of itself confirm renewal and/or entitlement to request benefits
- (iii) You will inform us if your personal circumstances or scope of practice change
- (iv) For the purposes of the Malaysia law and The Personal Data Protection Act 2010, we may obtain, process, retain and transfer your personal data as set out in the Privacy Statement on our website [medicalprotection.org/privacy](https://medicalprotection.org/privacy)

**Signature:**

**Date:** DD/MM/YYYY (Please note must be current date)

**Please remember to inform us promptly if your personal circumstances or scope of practice change.**

If you do not wish to renew your subscription with Medical Protection, please tell us why?

**Medical Protection – Malaysia  
Contact information**

**A scheme of co-operation between  
Medical Protection and MMA**

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Malaysia

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