



**KOPERASI PERSATUAN PERUBATAN MALAYSIA BERHAD ( W-6-1155)**

**NO.9 GROUND FLOOR  
BANGUNAN MMA  
124 JALAN PAHANG  
53000 KUALA LUMPUR, WP.**

Date : \_\_\_\_\_

**THIS FORM MUST BE COMPLETED IN FULL.  
MEMBERSHIP TO KOOP MMA IS ONLY OPEN TO MMA MEMBERS.**

Entrance fee for a new member	<b>RM 300</b>
Entrance fee for readmission of a past member who had resigned	<b>RM 400</b>
Compulsory to have a minimum of	<b>RM 3000</b> ( <i>minimum investment per person, maximum is RM 10,000</i> )

**Kindly make payment to:**

- 1) Bank :CIMB
- 2) A/C NO: 8008580070
- 3) Koperasi Persatuan Perubatan Malaysia Berhad
- 4) for online transfer, kindly email the proof of payment to [kppmb1@gmail.com](mailto:kppmb1@gmail.com)

**1) APPLICATION FOR MEMBERSHIP [ under the Koperasi Persatuan Perubatan Malaysia Berhad bye laws ]**

**APPLICANTS DETAILS**

NAME : \_\_\_\_\_  
\_\_\_\_\_

SEX : MALE  FEMALE  MYKAD NO : \_\_\_\_\_

RACE : \_\_\_\_\_ RELIGION : \_\_\_\_\_

NATIONALITY : \_\_\_\_\_

AGE : \_\_\_\_\_ YEARS DATE OF BIRTH : \_\_\_\_\_

MARITAL STATUS: \_\_\_\_\_

PERMANENT ADDRESS : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

POSCODE : \_\_\_\_\_

STATE : \_\_\_\_\_

HOUSE TEL NUMBER : \_\_\_\_\_

MOBILE TEL NUMBER : \_\_\_\_\_

EMAIL ADDRESS : \_\_\_\_\_



**DETAILS OF WORK PLACE**

DESIGNATION : \_\_\_\_\_  
ADDRESS : \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

POSTCODE : \_\_\_\_\_ STATE : \_\_\_\_\_

OFFICE TEL NUMBER : \_\_\_\_\_ - \_\_\_\_\_ (O)

FAX : \_\_\_\_\_ - \_\_\_\_\_ (F)

EMAIL ADDRESS : \_\_\_\_\_

MMA ORDINARY MEMBER

MMA LIFE MEMBER

**2) IKRAR ANGGOTA**

Saya ..... No. K.P.: .....berikrar bahawa saya

1. Akan terikat dengan undang undang kecil Koperasi Persatuan Perubatan Malaysia Berhad dan aturan aktiviti yang sedia ada serta apa-apa pindaan.
2. Bukan seorang yang bankrup yang belum dilepaskan.
3. Bukan seorang yang dihadapkan atau berkuatkuasa suatu sabitan kesalahan yang boleh daftar.
4. Tidak pernah dibuang daripada menjadi anggota di bawah Akta dalam tempoh satu tahun.

\_\_\_\_\_  
TARIKH

\_\_\_\_\_  
TANDATANGAN



**UNTUK KEGUNAAN IBU PEJABAT KOPERASI**

TARIKH PENERIMAAN APLIKASI: \_\_\_\_\_ JUMLAH DITERIMA (RM): \_\_\_\_\_

NO. RESIT RASMI: \_\_\_\_\_

PEMOHONAN DIBENTANG DALAM MESYUARAT LEMBAGA PADA : \_\_\_\_\_

KEPUTUSAN :        DITERIMA / DITOLAK

NO. KEANGGOTAAN : \_\_\_\_\_

\_\_\_\_\_

TARIKH

\_\_\_\_\_

SETIAUSAHA KOPERASI



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NOMINATION FORM

*\*Members are to ensure that the nomination form is signed in the presence of and by a witness. Witness criteria are as follows:*

- *Malaysian*
- *Above 18 years of age*
- *Of sound mind*
- *Witness cannot be a nominee or a spouse of the nominee*

**PART A: MEMBERSHIP NOMINATION**

NAME :


MY CARD NO :

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MOBILE NO :

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EMAIL ADDRESS :

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MUSLIM (*Nominee will only act as an administrator*)

NON-MUSLIM (*Nominee will be the Beneficiary*)



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**PART B: INFORMATION OF NOMINATION**

I, the above-named member with NRIC/Passport number [ \_\_\_\_\_ ]  
hereby nominate the following individual (s) listed below as my nominee(s).

No.	INFORMATION OF NOMINEE	CONTACT DETAILS	PERCENT (%)
1	Name :  NRIC No :	Mobile :  Email :	
2	Name :  NRIC No :	Mobile :  Email :	
3	Name :  NRIC No :	Mobile :  Email :	
4	Name :  NRIC No :	Mobile :  Email :	
5	Name :  NRIC No :	Mobile :  Email :	
			<b>TOTAL</b>

*Note:*

- Please ensure that the name of nominee is as per NRIC / Passport*
- Kindly attach if more than 5 nominations.*



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NOMINATION FORM

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**PART C: DECLARATION**

1. I hereby declare that this nomination is made freely by me and all information provided in this form is correct and allocated in accordance to my request.
2. I understand and agree that KOOP MMA shall update its records with my mobile number and email address given herewith.
3. I hereby attest that the details I have provided to KOOP MMA is the latest, complete and correct.
4. I understand that I may exercise my right to conduct a re-nomination at any time for any reason provided it is witnessed and signed in the presence of a witness.
5. I hereby understand that my nomination shall become effective only when a duly completed and witnessed nomination form has been received by KOOP MMA.
6. For Muslim members – I understand the nominee will act as an administrator with the responsibility to administer the accrued benefits as an administrator and distribute the accrued benefits in accordance with the Islamic Laws.
7. I have read and understand the content of the nomination form as well as its explanatory notes.

\_\_\_\_\_  
Signature of the KOOP MMA Member

\_\_\_\_\_  
Date



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**PART D: WITNESS ATTESTATION**

I, the undersigned, hereby confirm that the statement made by the aforementioned member named in Part A of this Form is true and the same has been executed in my presence as witness. I also confirm that my personal details as provided below are true and correct. I declare that I am not a nominee, or a spouse of the nominee.

Signature : \_\_\_\_\_

Mobile No : \_\_\_\_\_

Full name : \_\_\_\_\_

NRIC : \_\_\_\_\_

\_\_\_\_\_

Full Address: \_\_\_\_\_

Date : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_