

Affiliate Membership Application Form

(For Travel Agency)

1	Name of Travel Agency: <i>(As per MOTAC Operating License)</i>	
2	Company Name:	
3	Business Registration No.: Form 9/ Form 13 / Form 49 as per SSM registration	<input type="checkbox"/> Copy attached
4	Address :	
5	Telephone No.:	
6	Fax No.:	
7	Email Address:	
8	Website URL :	
9	Name and contact information of Person-in-charge: <i>(As stated in the Operating License)</i>	Name: Tel: Mobile: Email: Designation:
10	Ministry Of Tourism and Culture Operating Licence: <i>(Including the information on the type of services and other certificate such as)</i>	Licence No.: Validity Period: From: To:
11	Date of commencement of operation of the facility: <i>(Consideration is made for facility which has been in operation for at least one year)</i>	
12	Organisation Chart and Company Profile:	<input type="checkbox"/> Copy attached
13	Has an inbound team for healthcare facilitation.	Yes <input type="checkbox"/> No <input type="checkbox"/>
14	Participation at least one of MHTC's events. <i>(Please state details)</i>	Name of event: Date:
15	Contact Person for the submission of this application: <i>(Please state alternate person for contact).</i>	Name: Designation: Mobile: Tel: Fax : Email:

We confirm the information provided in this form is true and accurate.

Signature: _____

Date: _____

Name:

Designation:

Company stamp:

Membership Fee

RM 1,500.00

Note:

- 1) You are advised to check and ensure the completeness before submission.**
- 2) Only complete application form with attachments will be processed.**

Payment Detail

All payments are in Ringgit Malaysia (MYR)

Cheque or Electronic Transfer should be crossed and made payable to:

Account Name : **MALAYSIA HEALTHCARE TRAVEL COUNCIL**
Bank : Maybank Berhad
Bank Address : Dataran Maybank Branch
Kuala Lumpur, Malaysia
Account Number : 514253342853
Swift Code : MBBEMYKL

****copy of the Bank Electronic Payment Transfer receipt is to be submitted as proof of payment*