

Applicant's Information

Title : Dr Others : _____

Full Name as per IC / Passport / Military ID: _____

NRIC / Passport No. : _____

Gender : Male Female

Nationality : _____

Race : Malay Chinese Indian Others : _____

Company / Clinic Name : _____

Correspondence Address : _____

Postcode : _____ City : _____ State : _____

Telephone : _____ Fax : _____

Mobile Phone: _____

Personal E-mail: _____

Membership Data Usage Consent

It is necessary for us to process your personal data if you wish to maintain your membership with THKD GP Plus, to enable us to extend the membership benefits that you are entitled to and for us to provide you with updates on the Club.

I hereby give consent to THKD to process my personal data in accordance with the **Written Notice**.

I would like to receive direct marketing from THKD including future events, promotions, updates and any other marketing activities.

Signature :

Name :

Date (DD/MM/YYYY):

Thomson Hospital Kota Damansara (THKD) pursuant to Section 7 of Personal Data Protection Act (PDPA) 2010 has made available at its website: thomsonhospitals.com, a copy of the Written Notice which includes the purposes for which your personal data is collected/processed and classes of third parties to whom THKD may disclose your personal data to.

***** Please email completed form to marketing@tmclife.com**