MEDICAL PROTECTION SOCIETY
MEMBERSHIP APPLICATION

MALAYSIA
Scheme of co-operation

MPS

Please complete **all** parts of this form in BLOCK CAPITALS and return it to: **Malaysian Medical Association, 4th Floor, MMA House, 124, Jalan Pahang, 53000, Kuala Lumpur.** For enquiries: telephone: (03) 4041 1375 or fax: (03) 4041 9929. Email: insurance@mma.org.my.

If your application for membership of MPS is approved, it will be dated from the day following receipt of your application. If you would prefer it to commence from a later date please state: D D M M Y Y Y Y

Surname

Title Miss ☐ Mr ☐ Mrs ☐ Ms ☐ Dr ☐ Associate Prof ☐ Dato' ☐ Datuk ☐ Tan Sri ☐

Forename(s)

Previous name (if any)

Date of birth D D M M Y Y Y Y

Gender (Please tick) ☐ Male ☐ Female

Nationality

Country of practice

Country of permanent residence

Address for correspondence

Tel no. (Day)

Tel no. (Evening)

Mobile no.

Fax no.

Email address: (Please see declaration on page 3)

Membership category (Please refer to the current subscription rate information)

Degrees and diplomas

Basic

Postgraduate

Medical school and country

Month and year of graduation M M Y Y Y Y

MMC Registration no. and date of registration
Your application may be delayed if this is not provided

MMC No. ☐☐☐☐☐☐☐☐☐☐

Date D D M M Y Y Y Y

Any specialist registration

Main specialty

Date of specialist registration D D M M Y Y Y Y

Important information – please read

1. As part of our normal process, we may approach your previous indemnity or insurance organisation for your claims history. This process will take a minimum of 15 working days.
2. Failure to disclose full and accurate details about your previous history, practice and income may invalidate your membership which means you are not entitled to any advice or assistance from MPS.
3. When completing the previous history section on page 2 you must account for any gaps in your indemnity or insurance history from your date of graduation.
4. If you have had professional indemnity or insurance (other than from MPS) for any practice outside of the United Kingdom you must obtain your case history to submit with this application.
5. As MPS provides occurrence based membership, we would not assist with any matter arising from an incident pre-dating your MPS membership.
6. If you are leaving a claims made insurance contract, please ensure you have notified your previous provider of any adverse incident of which you are aware, that could become a claim. You should also check with the provider whether any closing payment is required to secure "run-off" cover for any future claim which may arise from an incident pre-dating your MPS membership.

Please note that signing the declaration on page 3 indicates acceptance of the following requirements:
Members undertake to keep MPS informed of their current address and any changes in their professional circumstances. Failure to notify us of any change of address or scope of practice could result in the suspension of the benefits of membership and/or the termination of your membership. Members should understand that MPS is not an insurance company. The benefits of MPS membership are granted at the discretion of Council and are subject to the terms and conditions of the MPS Memorandum and Articles of Association, as amended from time to time.

Approved by:

Membership number:

Previous history

In this section you must include details of any matter in which you have been named or involved. Please include any pending, unresolved or closed issues, even those already reported to MPS.

1. Have you had any professional indemnity/insurance before?
   - ☐ Yes (Please answer all questions below.)
   - ☐ No (Please answer questions 5–11.)

2. Please give the name of all organisation(s) and the dates during which you were a member or policyholder.*

   Organisation: From: To: Membership/Policy number:

3. If you were previously a member of MPS, please give your membership number and your name at the time (if it has changed).

   Name: Membership number:

4. Have there been any gaps in your professional indemnity/insurance since the date of your graduation? (If in doubt please indicate YES.)
   - ☐ Yes (Please give dates and details below)*
   - ☐ No

5. Have you ever been refused professional indemnity/insurance, including refusal to renew or been offered limited or conditional terms?
   - ☐ Yes (Please give dates and details below)*
   - ☐ No

6. Have you ever been the subject of any complaint arising out of your professional practice? (If in doubt please indicate YES.)
   - ☐ Yes (Please give dates and details below)*
   - ☐ No

7. Have you ever been involved in any claim for compensation arising out of your professional practice or are you aware of any incident that might become a claim? (If in doubt please indicate YES.)
   - ☐ Yes (Please give dates and details below)*
   - ☐ No

8. Have you ever been the subject of a disciplinary inquiry by your employer or had practice privileges refused/withdrawn/made conditional by a private health provider? (If in doubt please indicate YES.)
   - ☐ Yes (Please give dates and details below)*
   - ☐ No

9. Have you ever been subject to any complaint, inquiry or investigation or hearing by your registration body or had conditions imposed on your practice or been suspended or erased from a medical register? (If in doubt please indicate YES.)
   - ☐ Yes (Please give dates and details below)*
   - ☐ No

10. Have you ever been cautioned by the police in respect of, or convicted of, any criminal allegation (including road traffic offences)?
    - ☐ Yes (Please give dates and details below)*
    - ☐ No

11. Are there any other issues related to your professional conduct or competence of which MPS might reasonably need to be aware when considering your application for membership? (If in doubt please indicate YES.)
    - ☐ Yes (Please give dates and details below)*
    - ☐ No

* Please continue on a separate sheet if necessary.

Scheme specific information

Please complete these details as part of your application for membership and return with the appropriate remittance.

Identity card number (old)

Identity card number (new)

Are you an MMA member? YES ☐ NO ☐

Registration number

Date registered with MMC

What is your current professional status?

What is your current specialty?

I wish to apply for the following category of membership as per the current subscription rate information.

Medical status (please tick)

- GPs – core services ☐
- GPs – procedural ☐
- GPs with obstetrics ☐
- Cosmetic/aesthetic medicine ☐
- Obstetrics ☐
- Cosmetic surgery ☐
- Super high risk ☐
- Very high risk ☐
- High risk ☐
- Medium risk ☐
- Low risk ☐
- Medical officer 1st yr qualified ☐
- Medical officer 2nd yr qualified ☐
- Medical officer 3rd yr qualified ☐
- Government doctor ☐
- Government doctor and limited private practice ☐
- Non-clinical (Please provide details of your practice in writing) ☐

Will all your medical practice be carried out in Malaysia? ☐ Yes ☐ No

If no, please give full details in the space below. If necessary please continue on a separate sheet.

If you are registered to practise in any other countries please state which:

Subscription payment and declaration

I wish to pay my subscription in accordance with the indicated payment method below:

Please note: By completing this form I understand that if my subscription or any other liability to MPS is in arrears for more than one month, then I shall cease to be entitled to any membership benefit from MPS from that date when such subscription or liability fell due. I also understand that after non-payment for two months MPS may terminate my membership by notice, although my liability to MPS already accrued will not be affected.

☐ I enclose: RM

Cheques should be made payable to The Medical Protection Society Limited and sent to: **Malaysian Medical Association, 4th Floor, MMA House, 124, Jalan Pahang, 53000, Kuala Lumpur.**

Signature

Date

Office use only

Date received	Amount (RM)
Cash/Cheque/M.O/P.O	
Issued by (name)	
Date of receipt	
Membership number	Start date

I wish to apply for membership of MPS subject to the Memorandum and Articles of Association and upon payment of the appropriate subscription.

I understand that membership is not conferred automatically and is subject to approval. I consent to MPS seeking information regarding past and current matters from other professional protection bodies, insurance companies or employers with whom I have had professional indemnity arrangements, and to the release of that information to MPS. I consent to MPS processing information about me. (Please see data protection information on page four.)

I consent to MPS using the email address provided for member communication with me.

I confirm that the information I have provided is correct to the best of my knowledge and that I have read the notes and information below. I also confirm that I have completed the payment instruction above.

PLEASE NOTE

- It is your responsibility to provide accurate information about your professional practice. Failure to notify us of any change of address or scope of practice could result in the suspension of the benefits of membership and/or the termination of your membership.

Signature

Date D D / M M / Y Y Y Y

MPS – Malaysia
Contact information

c/o Malaysian Medical Association
4th Floor MMA House,
124, Jalan Pahang
53000 Kuala Lumpur

Telephone (03) 4041 1375

Facsimile (03) 4041 9929

Email insurance@mma.org.my

Website www.medicalprotection.org/malaysia

Why MPS membership?

Why have you chosen to apply for MPS membership? (Please circle)

1 Personal recommendation

2 Competitive subscription rates

3 Group arrangement

4 Dissatisfaction with previous organisation

5 Other (please give details in the space provided)

Data protection information

We will process the information you provide on our systems for administration of your membership and claims, and for underwriting, marketing, risk assessment, research and advisory purposes. We may disclose your information to legal or other professional advisers or other medical protection organisations as part of our advisory and claims-handling process, as well as to third parties who assist with member services.

By signing this form or completing it online you consent to the processing of personal data, including sensitive personal data for the purposes outlined above.

You have the right under the Data Protection Act to obtain disclosure of personal data that we have relating to you, for which we make a nominal charge.

In order to provide you with the best possible service we would like to inform you of other products and services offered by us that we believe may be of interest to you. If you do not wish to receive such information, either via post or email, please tick this box. ☐

MEDICAL PROTECTION SOCIETY
Granary Wharf House, Leeds LS11 5PY, UK
International telephone +44 (0) 113 243 6436
Facsimile +44 (0) 113 241 0500

www.medicalprotection.org
international@mps.org.uk

The Medical Protection Society Limited
A company limited by guarantee
Registered in England No. 36142 at
33 Cavendish Square, London W1G 0PS, UK

MPS is not an insurance company.
All the benefits of membership of MPS are discretionary
as set out in the Memorandum and Articles of Association.