

## MPMA APPLICATION FORM

SERIAL NO: - .....

DATE:-.....

NAME:-.....

MEMBERSHIP NO:-.....

IC NO:-.....

SERVICE NO:-.....

AGE:-.....

(Attach With Copy of IC)

ADRESS:-.....

.....

(Location of Medical Items Use)

MEDICAL CONDITION:-.....

REQUEST :- 1).....

2).....

3).....

COMPLETED BY:-..... H/P NO:-.....

### ASSESSMENT & RECOMMENDATION

.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....

ASSESS BY:-.....

DATE:-.....

## Terms and Conditions for Loan

1. The responsibility to inspect (ensure good working condition of equipment) lies with Lessee before acceptance.
2. Pre-existing condition of the equipment must be address prior to its release.
3. Lessee accept full responsibility for the return of the loan equipment in good working condition.
4. The Lessee shall be responsible for all cost of repairs or replacement for the lost or damage from wrongful use of the equipment.
5. The Lessee is responsible during the loan period to report loses, damage or any malfunction to the equipment.
6. MPMA shall not be liable for any injury or damage arising whatsoever whether through negligence or otherwise from the use of the equipment.
7. The Lessee shall inform the Lessor to coordinate the return the loan equipment after the period approve.
8. Lessee shall bear all transportation charges to and from MPMA storage area.
9. The loan period shall be effective from: - ..... to: - ..... for a period of ..... months. Extension of loan period shall be at the discretion of Lessor upon request.

I have read and agree to the Terms and Condition

.....

Name:

Date: