

CREDIT APPLICATION / ONLINE REPORT PORTAL APPLICATION FORM
(PRIVATE PRACTICES / CLINICS)

PLEASE FILL IN WITH BLOCK LETTERS, THANK YOU.

1.0 Name of Company/Clinic: _____1.1 Type of Business: ☐ Sole Proprietorship ☐ Partnership ☐ Private Ltd Co.

Business Registration No.: _____ Registration Date: _____

Tax Identification Number (TIN): _____

Registered Address: _____

Business Address: _____

Business Phone. No.: _____ Fax: _____

Email: _____

Account Dept. Phone No: _____ Billing Email: _____

2.0 Applicant (Full Name): _____

NRIC No.: _____ Designation: _____

Contact No.: _____ Email: _____

Are you one of the clinic's shareholders: ☐ Yes ☐ NoAre you the person in charge of logging to the Online Report Portal?: ☐ Yes ☐ No**If No, please complete Section 3.0.***3.0 Online Report Portal PIC. (Full Name):** _____

PIC Designation: _____ PIC Contact No.: _____

PIC Email: _____

4.0 TERMS & CONDITIONS

- 4.1 This Credit Privilege is not transferable to other companies, sister company or associate company of the approved company. The Credit Privilege can be withdrawn or suspended at any time without any reason attached.
- 4.2 Kindly note that our credit term is 30 days. Cheque should be paid to Navipath Clinical Lab Sdn. Bhd. or by online payment at Public Bank: 3232 677 230.
- 4.3 We reserved the right to impose a late payment charge of 1.0% per month on any unpaid invoices over 60 days and this rate subject to change.
- 4.4 Any change of directorship, partnership, proprietorship, address of business, paid-up capital, bankers, authorized signatories, nature of business, etc must be notified to Navipath Clinical Lab Sdn. Bhd. within 7 days.
- 4.5 Please complete the above, sign & return the form together with your photocopy of NRIC, Annual Practising Cert (APC) and Forms 9, 24 & 49 to our respective branch. Thank You.

I / We agree to the above terms & conditions**Company/Clinic's Seal**_____
Signature of Authorized Officers/Directors

Name: _____

IC No.: _____

Date: _____