



## HOSPITAL PUSRAWI SDN BHD

### APPLICATION FORM FOR CREDIT FACILITY

Appended below are the address and contact number of Hospital PUSRAWI Sdn Bhd and its branches. Kindly indicate in the boxes provided, your choice of which of the following that you are interested in applying for the Credit Facility.

**1. HOSPITAL PUSRAWI SDN BHD**

Lot 149, Jalan Tun Razak  
50400 Kuala Lumpur  
Tel: 03-2687 5000  
Fax: 03-2687 5001  
Email: info@pusrawi.com.my

**Branches:**

**2. KLINIK PUSRAWI JALAN IPOH**

Lot 132-137, Wisma Baitulmal  
Jalan Ipoh  
51200 Kuala Lumpur  
Tel: 03-4041 4922

**3. KLINIK PUSRAWI TAMAN PERMATA**

2763A, Jalan Changkat Permata  
Taman Permata, Ulu Klang  
53300 Kuala Lumpur  
Tel: 03-4108 6021

**4. KLINIK PUSRAWI ANJUNG FELDA**

Blok C, Tingkat 1, Anjung Felda  
Jalan Maktab, 54000 Kuala Lumpur  
Tel: 03-2691 7406

Please choose the type of treatment:

- ❖ Hospitalisation / Inpatient
- ❖ Outpatient (by Consultant / Specialist)
- ❖ Outpatient (by Medical Officer)
- ❖ Accident & Emergency treatment (24 hours)
- ❖ Offshore / Seafarer Medical Check-up

**\*\*NOTE:**

Kindly attached together with this form:

1. **Procedure** for seeking treatment for staff, spouse and dependants;
2. The type of treatment and medication that **will** be covered by your Organisation
3. The type of treatment and medication that **will NOT** be covered by your Organisation



## HOSPITAL PUSRAWI SDN BHD

### APPLICATION FORM FOR CREDIT FACILITY

We furnish below the relevant information in support of our application for Credit Facility with Hospital PUSRAWI Sdn Bhd:

**1. Name of Registered Business:**

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**2. Address:**

Correspondence Address	Registered address (If different)

Tel No. : (i) \_\_\_\_\_ (ii) \_\_\_\_\_

Fax No. : \_\_\_\_\_

E-mail Add. : \_\_\_\_\_

Company/Business Registration No.	Date of Incorporation	Date of Comencement	Legal Constitution (Sole-Proprietorship / Partnership / Sdn Bhd / Bhd)

**3. Contacts:**

Name	Designation	Contact No. (Office hours)	Contact No. (After Office hours)

4. **Authorised Capital** : RM\_\_\_\_\_
5. **a) Paid-up Capital (latest)** : RM\_\_\_\_\_
- Reverse (latest)** : RM\_\_\_\_\_
- b) Annual Sales Turnover (latest 3 years)** : RM\_\_\_\_\_
6. **Ownership (%Local, %Foreign)** : \_\_\_\_\_
7. **Nature of Business** : \_\_\_\_\_
8. **Number of employees who will be covered under this application:**

No. of employees	No. of spouse	No. of dependants

9. **Subsidiaries / Affiliated / Associated Companies covered / NOT covered\* under this application**

Name of branch / subsidiaries	Contact person	Address & Tel No.	No. of employees	
			*Covered	*NOT Covered

10. **Top Management**

Designation (Partners / Directors / CEO / MD)	Name	Address	NRIC

**11. Bankers Reference:**

Bank branches	Address	Account No.

**12. Trade Creditors Reference:**

Name of Company	Address	Contact person & No.

**13. Credit Amount required: RM \_\_\_\_\_**

**14. Persons Authorized to sign Letter of Guarantee / Undertaking**

No.	Name	Designation	NRIC

**15. Dealings with other Hospitals**

No.	Name of Hospital

***DOCUMENT REQUIRED IN SUPPORT OF APPLICATION***

\*To be attached where applicable

- i. Company Profile
- ii. Latest Audited Accounts / Management Accounts
- iii. Forms 9, 24 & 49
- iv. Latest 3 months Bank Statement

**I / We hereby declare and warrant that all the information given above is correct and authorize Hospital PUSRAWI Sdn Bhd to write to my / our bankers and trade creditors for information pertaining to my / our financial status. I / We will undertake to settle all bills directly with Hospital PUSRAWI Sdn Bhd within the approved credit period as stipulated in the Letter of Offer and Agreement.**

**Name** : \_\_\_\_\_

**Designation** : \_\_\_\_\_

**Signature** : \_\_\_\_\_

**Date** : \_\_\_\_\_

**Company stamp/chop:**

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***Terms & conditions:***

- i. Credit terms : 30 days
- ii. Acceptance of Credit Facility is subject to approval by Committee.  
Kindly allow 3 (three) weeks for the processing procedure.
- iii. A Bank Guarantee may be required based on the details provided in this application