

# APPLICANT

Name : .....  
Address : .....  
.....  
.....  
Date : .....

**Without Prejudice**

MM Network Sdn Bhd

Dear Sir,

**Re : MM Caring And Sharing Programme**

I ....., NRIC No : .....  
wish to apply for MM Caring Programme. My address is .....  
.....  
.....

Age : ..... Gender : Female / Male

I am suffering from .....  
.....

Due to financial constraints, I hope **MM Network Sdn Bhd** would consider in supplying STRATH to me free of charge for a period of three (3) months.

I hereby provide my current Medical Report and current photo with photostat I/C. I also agree and permit **MM Network Sdn Bhd** to use my picture, services or reproduce the results of the same for all manner of advertising, editorial, recordings and PR purposes as MM Network Sdn Bhd wishes.

I further understand and agree to release **MM Network Sdn Bhd** and/or its successors, licensees, assignees and/or its member company from all manner of action, debts, liabilities and demands that may result from my provision of the above services.

My sincere thanks to **MM Network Sdn Bhd** for taking into consideration of this case.

Yours faithfully,

Recommended and witnessed by:

.....  
Name : .....  
H/P No : .....

.....  
Name & Distributor Code : .....  
H/P No : .....

<b>For Office Use :</b>	<b>Date :</b> _____
<b>Received by :</b> _____	<b>Approved by :</b> _____
<b>Remarks :</b> _____ _____ _____	