

INTRODUCER

Name :
Distributor Code :
Contact No. :
Date :

MM Network Sdn Bhd
1, Jalan PJS 8/18,
Dataran Mentari (Sunway),
46150 Petaling Jaya,
Selangor Darul Ehsan.

Dear Sir,

Re : Supplying STRATH Free Of Charge

I, NRIC No :

MM Network Sdn Bhd Member Code : wish to make a request **on behalf of a Applicant Name** : Address :

Telephone / Handphone No : Age : Gender : Female / Male

This person is suffering from

This person is also unable of purchasing STRATH due to financial constraints, therefore I hope **MM Network Sdn Bhd** would consider in supplying STRATH to this person free of charge for a period of 3 months.

The patient hereby provides his/her current Medical Report and current photo with photostat I/C.

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

Yours faithfully,

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

For Office Use :	
Received by : _____	Date : _____
Approved by : _____	
Remarks : _____	

