

MEDIC ED (721774-M)
MEDIC ED CONSULTANT SDN. BHD.

MEDIC ED INTEREST FREE LOAN APPLICATION FORM

Ref:

Personal Details of Applicant

Name (Eng)

NRIC No Gender Age

Date of Birth Place of Birth (state)

Permanent Address

Tel No Email Address

University Course

Please state briefly your main reason
for applying Medic Ed interest free loan

I hereby certify that all the information provided above is true and accurate.

Applicant's Signature:

Date