**COVID-19 SPECIAL PACKAGE**

**REFERRAL FORM**

**(To be adopted on Member company’s letterhead)**

***Kindly return form by Email to*** [***mbam16@mbam.org.my***](mailto:mbam16@mbam.org.my) ***(Mr Farhan) /***[***mbam23@mbam.org.my***](mailto:mbam23@mbam.org.my) ***(Ms Shirley)***

We wish to confirm that we would like to register directly with the approved vendors for the on-site Covid-19 Test (minimum 50 pax) as follows:

**COMPANY DETAILS FOR COVID-19 SCREENING**

|  |  |
| --- | --- |
| COMPANY NAME : |  |
| MBAM MEMBERSHIP NO. : |  |
| COMPANY ADDRESS : |  |
| PROPOSED DATE(S) OF SCREENING:\* |  |
| PROPOSED TIME OF SCREEENING : |  |
| NO OF PAX : |  |
| LOCATION OF SCREENING : |  |
| TYPE OF TEST : | RTK ANTIGEN    PCR TEST |

1. Information required: List of workers’/staff names, IC/passport no, date of birth, nationality, contact number and address of workers/staff details

(2) Please note that full payment must be made prior to the appointment date set for the test to be conducted. Details of payment will be notified after application has been received and agreed to by the approved vendors.

\* Subject to availability of the approved vendors’ team. A lead time of 24 – 48 hours is normally required by the approved vendors.

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We agree and acknowledge that the Covid-19 screening packages shall be contracted directly between our Company and the approved vendors. We acknowledge that MBAM merely facilitates the contract for the provision of Covid-19 PCR and/or RTK Antigen testing at our site by the approved vendors for our benefit.

We acknowledge that MBAM does not make any warranties and/or representation of the approved vendors’ services and MBAM shall not be liable, whether in tort or contract, to us for any incidental, consequential, indirect or special damages of any kind, including but not limited to damages for loss of revenue, loss of profit, loss of business or business opportunity or other financial loss arising out of or in connection with our appointment and use of the approved vendors’ services for the Covid-19 PCR and/or RTK Antigen tests.

Thank you.

Yours faithfully,

**Name of member**

**Authorised Signatory**

**Name**

**NRIC**

**Designation**

**Company Chop**