**COVID-19 BOOSTER VACCINATION**

**REFERRAL FORM**

**(To be adopted on Member Company’s Letterhead)**

*Kindly return form by email to* [*mbam13@mbam.org.my*](mailto:mbam13@mbam.org.my) *or* [*mbam14@mbam.org.my*](mailto:mbam14@mbam.org.my) *c.c.* [*ed@mbam.org.my*](mailto:ed@mbam.org.my)

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

**COMPANY DETAILS FOR COVID-19 BOOSTER VACCINATION**

|  |  |
| --- | --- |
| COMPANY NAME: |  |
| MBAM  MEMBERSHIP NO.: |  |
| COMPANY  ADDRESS: |  |
| PROPOSED DATE(S) OF VACCINATION: |  |
| PROPOSED TIME  OF VACCINATION: |  |
| NO OF PAX: |  |
| LOCATION  OF VACCINATION: |  |
| TYPE OF VACCINE: | PFIZER (RM 30)  SINOVAC (RM 99) |

1. Information required: List of worker’s/staff names, IC/Passport no, My Sejahtera ID, nationality, and address of workers/staff details.
2. Please note that upfront payment of 70% must be made prior to the appointment date set for the vaccination program to be conducted. Details of payment will be notified after application has been received and agreed to by the approved vendors.

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We agree and acknowledge that the Covid-19 booster vaccination programme 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 vaccination at our site by the approved vendors for our benefits.

We acknowledge that MBAM does not make any warranties and/or representation of the approved vendor’s 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 vendor’s services for the Covid-19 Booster Vaccination.

Thank you.

Yours faithfully,

**Name of member**

**Authorised Signatory**

**Name:**

**NRIC:**

**Designation:**

**Company Chop**