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| CPA401 Gimbal Health Membership Benefit Application Form  for HKICPA Members | | | | | | | | | | | | |
| Please mail this form + cheque (**payable to Hong Kong Healthcare Medical Centre Limited**) to: | | | | | | | | | | | | |
| Hong Kong Healthcare Medical Centre Limited  Shop 121B, Emperor Group Centre, 288 Hennessy Road, Wanchai, Hong Kong  We will contact you by phone and email when the application is completed | | | | | | | | | | | | |
| HKICPA Member # | | | | | | | | Click here to enter text. | | | | |
| Name (as shown in HKID) | | | Mr. or Ms. | | Click here to enter text. | | | | | | | |
| Mailing Address | | Click here to enter text. | | | | | | | | | | |
| Email Address | | Click here to enter text. | | | | | HKID (Letter + 3 digits) | | | | Click here to enter text. | X X X (X) |
| Phone Number | | (Home) | | Click here to enter text. | | | | | (Mobile) | Click here to enter text. | | |
| Below For Family Member | | | | | | | | | | | | |
| Name (as shown in HKID) | | | Mr. or Ms. | | Click here to enter text. | | | | | | | |
| Mailing Address | | Click here to enter text. | | | | | | | | | | |
| Email Address | | Click here to enter text. | | | | | HKID (Letter + 3 digits) | | | | Click here to enter text. | X X X (X) |
| Phone Number | | (Home) | | Click here to enter text. | | | | | (Mobile) | Click here to enter text. | | |
| Name (as shown in HKID) | | | Mr. or Ms. | | Click here to enter text. | | | | | | | |
| Mailing Address | | Click here to enter text. | | | | | | | | | | |
| Email Address | | Click here to enter text. | | | | | HKID (Letter + 3 digits) | | | | Click here to enter text. | X X X (X) |
| Phone Number | | (Home) | | Click here to enter text. | | | | | (Mobile) | Click here to enter text. | | |
| **Remarks:**   1. Plan members must comply with the guidelines and regulations of the Hong Kong Healthcare Medical Centre who reserves the right of final decision on all matters in case of disputes. 2. Scaling service must be by appointment. Cancellation of appointment must be done at least 24 hours in advance and within normal business hours. Otherwise, a penalty of $50 will be charged. 3. The application process takes about 20 working days after the clearance of the cheque payment. Thereafter, we will mail you the complete set of membership card, list of doctors and locations. 4. Please safely keep your membership card. $100 administration fee will be incurred for replacement.   I understand and accept all the above terms and conditions. | | | | | | | | | | | | |
| **Signature of HKICPA Member:** | | | | | |  | | | | | | |
| Click here to enter text. | | | | | |  | | | | | | |
| **Date** | Click here to enter text. | | | | |  | | | | | | |