



**National Healthcare Group**  
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Website: www.nhg.com.sg/partners

## NHG PARTNERS Membership Application Form

Name (To appear on membership card):

IC / Passport No.:

Nationality:

Date of Birth:

Gender: Male / Female

Marital Status:

MCR No.:

Clinic Name:

Clinic Address:

Postal Code:

Clinic Tel:

Fax:

Email:

I have verified the above information to be correct.  
Please process my application for the NHG Partners membership.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please fax this to NHG Partners Office at Fax No: 6471 3138.