



MALAYSIAN MEDICAL COUNCIL
Form 14
(Section 20, Medical Act 1971)
(Regulation 28, Medical Regulations 2017)

(Application for APC Year: _____)

APPLICATION FOR ANNUAL PRACTICING CERTIFICATE

1.	Full Name of Applicant (as in Medical Register)	
2.	NRIC or Passport No.	NRIC/Passport No.: Old IC No.:
3.	Indemnity Insurance <i>(only required on the 1st January 2021)</i>	Provider:
		Policy No.:
		Date:
4.	Continuing Professional Development (CPD) Points <i>(only required on the 1st January 2020)</i>	Points Collected:
		Year:
5.	Contact Information	Phone: _____ Email: _____
6.	Residential Address <i>with postcode</i>	
7.	a. Name and Address of principal place of practice <i>with postcode</i>	
8.	b. Name and Address of other place(s) of practice <i>with postcode</i> <i>(Please attach separate paper if more than 2 place of practice with full name/identity card/APC year)</i>	
9.	a. Full registration certificate No.	
	b. Date of full registration or of registration under any previous law	
	c. Place of registration under any previous law	
10.	Last Annual Practicing Certificate No.	
11.	Particulars of bank draft/money order/postal order/cheque which is attached	a. No.:
		b. Sum: RM
		c. Post Office/Bank & Date:
12.	Pos laju (tambahan)	a. Sum: RM 20.00
13.	Jumlah	a. Sum: RM

Date: _____

Signature of Applicant _____

Note:-

- This application should be addressed and submitted to:
The Registrar of Medical Practitioners, Ministry Of Health, Ground Floor, Block B
Jalan Cenderasari, 50590 Kuala Lumpur. (Tel No. : 03-26912171/ Fax No.: 03-26912937)
Not later than the 1st day of December.
- Where the application is made later than the 1st day of December, an additional late fee of RM100.00 is payable.
- Please fill the form in BLOCK LETTERS completely and **please make a copy for use in future.**
- The fee is payable by bank transfer, credit card, and debit card only.
- Payment to MMC account number: **8600098716 CIMB (Proof of payment is needed)**
- Practitioners who are NOT yet fully registered are not eligible to apply for APC.
- For Foreign Practitioners, please attach a copy of your Full Registration.
- If you want someone to collect on your behalf, he/she needs to produce a Letter of Authorization from you.

*Sila tanda

Pos Laju	<input type="checkbox"/>
Pos Biasa	<input type="checkbox"/>

APPENDIX A FORM :
(To be filled only for purpose of APC Amendment)

1. Name*:
2. (a) Identity Card No.*: New :
 (b) Passport No. (for foreigner)*:
3. Full MMC Registration no:
4. Telephone No. (H/P)
5. Email address:
6. Total No. of Places of Practice:..... places.
7. To **Change, Add** or **Delete** Practice Addresses:

<u>CHANGE</u> Principal Place/Other place (s) of practice	<u>ADD</u> Name and Address	<u>DELETE</u> Name and Address
OLD:		
NEW:		

5. Mode of Certificate Delivery: **Please choose one only.**

- * a. Please Post (ordinary mail) b. Collect In Person c. Somebody on my Behalf
- * d. Pos laju (please add) RM 20.00

Date:

Signature of applicant:

*Delete whichever is not applicable

Note:-

- a) If you need more space, please use a separate sheet of paper.
- b) If you want someone to collect on your behalf, he/she needs to produce a Letter of Authorization from you .
- c) Please provide original copy of APC for amendments.
- d) The fee is payable by bank transfer, credit card and debit card only.
- e) Payment to MMC account number: **8600098716 CIMB (Proof of payment is needed).**

*Sila tanda

Pos Laju	<input type="checkbox"/>
Pos Biasa	<input type="checkbox"/>