

Please fax this form to 6732 6006 or mail it to the address below. Please state "UOB Promotion" at the top left corner of your envelope. For enquiries, please call 6732 3003.

OPTIONS

Price quoted below are exclusively for valued UOB Cardmembers

- ☐ Package (A): HWM Priority S\$148 (Usual: S\$158)
☐ Package (B): HWM Platinum S\$175 (Usual: S\$188)

PARTICULARS OF UOB CARDMEMBER

Full Name as in NRIC/Passport : _____
Gender : M / F NRIC/Passport No. : _____ Date of Birth : _____
Address : _____
Contact No : _____ (H) _____ (O) _____ (Hp/Pg)
E-mail : _____

TRANSFERABILITY OPTION

If you wish to share the HWM GP and Dental Service vouchers with your immediate family members, please tick and complete the details below.

☐ Transferability Option - S\$10 (up to 1 Adult & 4 Children/Elderly)

ADULT (between 16 and 65 years old)

Full Name as in NRIC/Passport : _____
Gender : M / F NRIC/Passport No. : _____ Date of Birth : _____
Address : _____
Contact No : _____ (H) _____ (O) _____ (Hp/Pg)
E-mail : _____

CHILD (15 years & below) / ELDERLY (66 years & above)

	Name (as in NRIC/BB/Passport)	Gender (Circle)	NRIC/BB/Passport No.	DOB (dd/mm/yy)
1.	_____	M / F	_____	_____
2.	_____	M / F	_____	_____
3.	_____	M / F	_____	_____
4.	_____	M / F	_____	_____

PAYMENT

UOB Credit Card No.: - - -

Amount: _____ Expiry Date: ____ / ____ VISA / MasterCard

Signature of UOB Cardmember

Date

Thank you. You will receive your HWM membership package soon.

LifeMedic Services Pte Ltd

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