

**MEDIC ED** (721774-M)  
**MEDIC ED CONSULTANT SDN. BHD.**

**MEDIC ED INTEREST FREE LOAN APPLICATION FORM**

Ref:

**Personal Details of Applicant**

Name (Eng)

NRIC No  Gender  Age

Date of Birth  Place of Birth (state)

Permanent Address

Tel No  Email Address

University  Course

Please state briefly your main reason  
for applying Medic Ed interest free loan

I hereby certify that all the information provided above is true and accurate.

Applicant's Signature:  Date