

MBE01 - Medisave Balance Enquiry New User Account Application Form

To be completed by New User (Fax/Email form as specified below)			
Application	Method	Email	Attn:
MBE	Email	mbe_admin@moh.gov.sg	MBE Admin
<p>Name: _____ NRIC: _____</p> <p>Email: _____ Contact No.: _____</p> <p>Company Name: _____</p> <p>Clinic Name: _____</p> <p>HCI Code/ Organization ID (<i>Refer to clinic license number</i>) : _____</p> <p>Hospital Code : _____</p> <p>UEN / Entity ID: _____</p> <p>Access Role: <input type="checkbox"/> Sub-Admin <input type="checkbox"/> User</p> <p>Authorized Officer (Manager Level and Above):</p> <p>Name : _____</p> <p>Designation : _____</p> <p>Undertaking to Safeguard Information and Declaration of Security</p> <p>I understand and agree to the following:</p> <ol style="list-style-type: none"> 1. The data required will only be used for the purpose specified. 2. No data will be disclosed to a third party without prior authorization from the Ministry of Health. 3. All necessary measures and precautions will be taken to protect the security and privacy of data. 4. To avoid unauthorized access, to report loss of Onekey within 24 hours. <p>Applicant's Signature: _____ Date: : _____</p>			