

## HOW TO REDEEM YOUR REWARDS

- STEP 1 : Select your rewards.
- STEP 2 : Call Membership Rewards Hotline at 1 800 88 9559 to redeem rewards .
- STEP 3 : Quote the Membership Rewards product code .
- STEP 4 : Your reward will be delivered to your nominated delivery address (not applicable for P.O. Box Address) within 14 working days.

All redemption is subject to Membership Rewards Terms & Conditions .

REDEMPTION FORM

You can redeem points as soon as you have accumulated enough to enjoy your chosen gift.  
To redeem Membership Rewards points, simply complete this form and return to us by fax at 03-7953865

Cardmember Name : \_\_\_\_\_

American Express Card No. : \_\_\_\_\_

Product Description	Rewards Code	Rewards Points	Quantity
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

FREQUENT TRAVELLER OPTION

Frequent Flyer Programme	Frequent Guest Programme
<input type="checkbox"/> Asia Miles (CATH) 5,600 MR = 1,000 miles	<input type="checkbox"/> Hilton Honors (HILTON) 2,800 MR = 850 Honors Points
<input type="checkbox"/> Delta Skymiles (DL) 5,600 MR = 1,000 miles	<input type="checkbox"/> Starwood Preferred (SHER) 3,700 MR = 330 Starpoints
<input type="checkbox"/> Enrich (MAS) 5,600 MR = 1,000 miles	
<input type="checkbox"/> Enrich (MAS) Amex Plat Charge 5,000 MR = 1,000 miles	
<input type="checkbox"/> Etihad Guest (EA) 5,600 MR = 1,000 miles	
<input type="checkbox"/> Krisflyer (SING) 5,600 MR = 1,000 miles	
<input type="checkbox"/> Royal Orchid Plus (TGP) 5,600 MR = 1,000 miles	
<input type="checkbox"/> Emirates Skywards (EK) 5,600 MR = 1,000 miles	
<input type="checkbox"/> AirAsia Big (BPMR) 5,600 MR = 1,000 miles	

Membership Number: _____	Membership Number: _____
Number of Miles: _____	Number of Points: _____
Total MR Points: _____	Total MR Points: _____

I would like to request for the above item(s) to be delivered to:

Delivery Address : \_\_\_\_\_  
(if office, please state company name)  
Non-delivery will be made to PO Box address \_\_\_\_\_

Telephone (Office) : \_\_\_\_\_ Telephone (Home) : \_\_\_\_\_

Cardmember Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please fax this form to 03 -79538685

Maybank Card Centre  
7<sup>th</sup> Floor, Menara Maybank  
100, Jalan Tun Perak  
50050 Kuala Lumpur.