

HOW TO REDEEM YOUR REWARDS

- STEP 1 : Select your rewards.
- STEP 2 : Call Membership Rewards Hotline at 1800 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 RewardsSM points, simply complete this form and return to us by fax at 03-79538600.

Cardmember Name : _____

American Express Card No. : _____

Rewards Redemption	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 HHonors (HH) 2,800 MR = 850 HHonors Pts
<input type="checkbox"/> Delta Skymiles (DL) 5,600 MR = 1,000 miles	<input type="checkbox"/> Jumeirah Sirius (JUM) 2,800 MR = 30 Sirius Points
<input type="checkbox"/> Enrich (MAS) 5,600 MR = 1,000 miles	<input type="checkbox"/> Starwood Preferred (SHER) 3,700 MR = 330 Starpoints
<input type="checkbox"/> Etihad Guest (EA) 5,600 MR = 1,000 miles	
<input type="checkbox"/> Krisflyer (SG) 5,600 MR = 1,000 miles	
<input type="checkbox"/> Royal Orchid Plus (ROP) 5,600 MR = 1,000 miles	
Membership Number: _____	Membership Number: _____
Number of Miles: _____	Number of Points: _____
Total MR Points: _____	Total MR Points: _____

FOR SERVICE TAX REDEMPTION

<input type="checkbox"/> Principal Cardmember (12,500 MR pts = RM50) Code: 9010-8462	<input type="checkbox"/> Supplementary Cardmember (6,250 MR pts = RM25) Code: 9010-8463
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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 03-79538600

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