



# THE CHOICE CONCEPTION CHART APPLICATION FORM

BABY BOY

BABY GIRL

In Words \_\_\_\_\_

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

Address : \_\_\_\_\_

Profession : \_\_\_\_\_

Identity Card no. New : \_\_\_\_\_ Old : \_\_\_\_\_

Mobile Telephone no. : \_\_\_\_\_

\* Blood type & Rh : \_\_\_\_\_

\* Date of Birth : \_\_\_\_\_

Approximate age at which your first period occurred: \_\_\_\_\_ years old

(if you are unable to remember the year, please indicate whether it was between 12 or 13 or later)

Date of start of your last period: \_\_\_\_\_ in words \_\_\_\_\_

(excluding spotting-if you are currently on the pill please stop immediately and use another form of contraception)

Are your periods regular \_\_\_\_\_ or irregular \_\_\_\_\_ Comments \_\_\_\_\_

Approximately how long did you take to achieve your last conception (if applicable)

1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_

Number of all your children ? Boy \_\_\_\_\_ Girl \_\_\_\_\_

Where did you hear about CHOICE method? \_\_\_\_\_

What magazine & Newspaper do you read most ? \_\_\_\_\_

Who is your current gynecologist? \_\_\_\_\_

I \_\_\_\_\_ (name) hereby apply for the CHOICE Conception Chart showing the favorable periods for the conception of a baby: Boy/Girl (strike out as applicable). I confirm that I will strictly observe and follow the CHOICE Conception Chart. I have read and understood the teIIDS and conditions on the reverse and I agree to these terms and conditions. I confirm that information given by me in this form is true and correct.

I hereby instruct Choice Baby Concept to debit my Visa / Mastercard (USD 570 / RM 1880) as follow:

Visa / Mastercard number :     -     -     -     Expiry date:   /

Cash/Cheque No : \_\_\_\_\_

Month Start : \_\_\_\_\_

Remarks : \_\_\_\_\_

-----  
Signature of Applicant

-----  
Acceptance by the Company

**Choice Baby Concept**

19 Lorong Pykett 10400 Penang Malaysia

Tel: +604 -658 1200 Fax: +604-657 3980

Website: www.choicebabyconcept.com