ALL APPLICATION MUST BE SUBMITTED TO



UKON™

☐ CHEQUE/ REMITTANCE

ENAGIC® (MALAYSIA) SDN BHD

Registration No.: 201101042983

Direct Sales License No.: AJL931978

USER

goc.mys@enagic.com
CC to ukon@enagic-my.com

Unit 25-6 & 27-6, The Boulevard, Mid Valley City, Lingkaran Syed Putra, 59200, Kuala Lumpur

NRIC/PASSPORT/BUSINESS REGISTRATION NUMBER

Tel: (+60)3-2282 2332 Fax: (+60)3-2282 2335 <u>www.enagic-my.com</u>

<u>APPLICATION FORM</u>	☐ DISTRIBUTOR	NRIC/ PASSPORT/BUS	SINESS REGISTRATION NUM	IBER & STAF	RTER KIT: MYR 50.00
TYPE OF ORDER	ID NUMBER				
□ NEW □ REPEAT					
	DECEMED BY.		ADDUCATION	N DATE.	
FOR OFFICE USE ONLY	RECEIVED BY:		APPLICATION	N DATE:	
A. PRINCIPAL INFORMATION.					
Full Name (as per IC/Passport):					
NRIC/Passport/Business Reg:			Date of Birth:		
Tax Identification No.:					
SST Registration No.:				Mandato	ry for SST- registrant
Address:					
Postal Code:			City:		
Phone No (Home/Office):			(Mobile):		
Email Address:			Gender:	□Male	□Female
B. PRINCIPAL BANK INFORMATION. *FILL OUT IF APPLICANT REGISTER AS DISTRIBUTOR					
Account Holder Name:					
Name of the Bank:					
Account No.:					
C. SPONSOR'S INFORMATION.					
Full Name (as per IC/Passport):					
ID No:			Contact No:		
Register the Applicant as your:	() A				
D. <u>ENROLLER'S INFORMATION</u>	<u>.</u>				
Full Name (as per IC/Passport):					
ID No:			Contact No:		
E. <u>PRODUCTS</u> .			**AII	prices are	zero-rated of GST**
CATECORY	CONTAINS OF	FICLLO	OURCE		DDICE

E. PRODUCIS.				
CATEGORY	CON	TAINS OF	FISH SOURCE	PRICE
☐ UKON DD	10 BOXES	1000 CAPSULES	SQUALENE	MYR 3,180.00
☐ UKON SIGMA	30 BOXES	3000 CAPSULES	SQUALENE	MYR 8,270.00
F. SHIPPING DETAILS. **All prices are zero-rated of GST**				

F. SHIPPING DETAILS.	**All prices are zero-rated of GST**		
AREA & COURIER	UKON DD	UKON SIGMA	
☐ PENINSULAR MALAYSIA	MYR 27.00	MYR 27.00	
□ EAST MALAYSIA	MYR 50.00	MYR 87.00	

G. UKON™ TO BE DELIVERED TO:				
Same address as above	☐ YES ☐ NO (you are required to fill up the below)			
Full Name (as per IC/Passport):				
NRIC/Passport/Business Reg:			Tax Identification No.:	
Address:				
Postal Code:			City:	
Phone No (Home/Office):			(Mobile):	
H. PAYMENT METHODS. – SINGLE PAYMENT ONLY				
☐ CREDIT CARD	Swipe in the office	☐ Visa	☐ Master	

HLB: 223-00000-162

PBB: 3-1777-8621-4

I. PAYMENT METHODS. – SINGLE PAYMENT ONLY (SENANGPAY).						
☐ You may simply	/ make a singl	e payme	ent through Senang F	Pay at https://bit.	ly/senangpay1	
J. PAYMENT ME	THODS. – SIN	IGLE PAY	MENT ONLY (PAY2F	PHONE BY BANK	ISLAM).	
☐ You are require	ed to downloa	d the pa	y2phone by Bank Isl	am to make the p	payment. The applica	ition can be downloaded at
https://play.go	ogle.com/sto	re/apps/	/details?id=com.ban	kislam.fasstap&h	l=en IN≷=US	
Do sent an ema	il to <u>accounts</u>	@enagi	<u>c-my.com</u> to register	your TID.		
K. PAYMENT ME	THODS. – SIN	IGLE PAY	MENT & INSTALLM	ENT PLAN		
□ МОТО		Mail O	rder	☐ Visa	□ Master	Amount:
*Commission may	be varied	Credit Card Number:				
from cheque/ remi	ttance/	Credit	Card Expiry Date		(MM/YY)	
credit card swipe ii	n the office.					☐ Public: 12/24 months
Please refer comm	ission chart.					☐ CIMB: 12/24 months
		Cardho	older's Signature:			☐ UOB: 12/24 months
						*UOB needs to fill IPP Form
						☐ HLB: 12/24 months
		T	he installment schen	ne is applicable f	or UKON SIGMA only	y
L. TERMS AND C	ONDITIONS.					
			Physic	cally swipe in Ena	gic® Kuala Lumpur C	Office
MONTHS	PUBLIC	 С,	CIMB, HSBC,	UOB	OCBC	STANDARD CHARTERED,
& BANKS	HONG LE	ONG	RHB & AFFIN			
12						
24					X	
	ı	*:	*The installment sch	eme is applicable	e for UKON SIGMA o	nly**
M. TERMS AND C	ONDITIONS.				•	•
1. Copy of credit ca	ard (front side	only) m	ust be submitted for	· MOTO pavment	method.	
					on and Amendment f	or each transaction
		p				
UNIT PRICE					te zero ruteu oj dor	
SHIPPING FEE						
MEMBER FEE		MYR				
TOTAL		MYR				
O. ALTERNATE P	AVED SECTION	1	uirad\			
	ATER SECTION	v (ij regi	<u>uneuj</u> .			hearing the NRIC/Passport
The Payer (Name) bearing the NRIC/Passport No paying total of MYR for The Applicant						
No			Ρ			
(Name) ALTERNATE PAYER'S SIGNATURE:						
P. TERMS & CONDITIONS.						
In order for a non-UKON™ DD distributor to receive any UKON™ DD commission & sale, he/she is required to enroll him/herself with UKON™ DD Program by purchasing a UKON™ product. Otherwise, all the commission and sale for UKON™ DD will pass to the uplines.						
A UKON™ DD distributor is required to REPEAT THE PURCHASED AT LEAST TWICE in order to make the UKON™ DD account as permanent						
account. Otherwise, the UKON™ DD account will be terminated without any notice upon expiry date. By default, Distributor shall no longer entitle						
to receive any commission for any UKON™ DD sale(s).						
Q. AGREEMENTS.						
I certify that I have received a copy of and have read and understood the provisions of Enagic® (Malaysia) Sdn Bhd's Set of Policies ;						
Distributor Policies & Procedures, Privacy Policy, Refund Policy, Collection Policy, Commission Policy and Delivery Policy which is						
published on Enagic® (Malaysia) Sdn Bhd's website; <u>www.enagic-my.com</u> . I hereby agree to be bound by Enagic® (Malaysia) Sdn Bhd's						
Set of Policies (including any amendments thereto which shall be furnished to me from time to time).						
I confirm that I am of full legal age and all my personal information and data ("Personal Data") stated above are complete and accurate. I						
hereby acknowledge that my personal information may be shared with Enagic® (Malaysia) Sdn Bhd's related and/or affiliated company						
within Malaysia or outside Malaysia for the purposes of performing this agreement.						
Furthermore, I hereby agree that my personal data shall be processed, stored, used and disclosed in accordance with the Enagic®						
(Malaysia) Sdn Bhd's Privacy Policy.						

□ Disagree

□ Agree

DATE	DATE
APPLICANT'S SIGNATURE:	SPONSOR'S SIGNATURE:
required to fill up 'Kontrak Jualan Langsung/Pesanan Pelang	gan' (Direct Sales Contract/Customer Order). **
\square I wish to maintain my rights to be able to cancel the contr	ract during the ten (10) working days cooling off period. **The Applicant is
hereby waive my rights to cancel the contract during the ten (.	10) working days cooling off period.
\square I hereby request Enagic $^{ ext{@}}$ (Malaysia) Sdn Bhd to release/del	iver the product before the expiry of the cooling off period and by doing so, I
off period and	
I hereby further acknowledge that I understand my ten (10)	working days right of cancellation during the ten (10) working days cooling
and/or initial has occurred during the submission of this produ	uct application form.
I am aware that Enagic® (Malaysia) Sdn Bhd has the right to r	eject any application whereby is incomplete and/or falsification of signature