



ENAGIC® (MALAYSIA) SDN BHD

Registration No.: 201101042983

Direct Sales License No.: AJL931978

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

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

ALL APPLICATION MUST BE SUBMITTED TO

goc.mys@enagic.com &CC to sales@enagic-my.com

PRODUCT APPLICATION FORM

<input type="checkbox"/> USER	
<input type="checkbox"/> DISTRIBUTOR	NRIC/PASSPORT/BUSINESS REGISTRATION NUMBER & STARTER KIT: MYR 50.00
ID NUMBER	

FOR OFFICE USE ONLY	RECEIVED BY:	APPLICATION DATE:
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A. PRINCIPAL INFORMATION.

Full Name (as per IC/Passport):			
Company Name (as per SSM):			
NRIC/Passport/Business Reg(New):		Date of Birth:	
Tax Identification No.:		SST Registration No.:	
Address:			
Postal Code:		City:	
Contact No (Home/Office):		(Mobile):	
Email Address:		Gender:	<input type="checkbox"/> Male <input type="checkbox"/> 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. ENROLLER'S INFORMATION. *Enroller not applicable for self-purchase, emGuarde, and Kangen Air sales

Full Name (as per IC/Passport):			
ID No:		Contact No:	

E. PRODUCTS.

Please select your product:	
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SERIAL NUMBER

F. TOTAL PAYMENT.

UNIT PRICE	MYR	STARTER KIT	MYR 50
SHIPPING FEE	MYR		
TOTAL	MYR		

G. MACHINE & EMGUARDE TO BE DELIVERED TO (SHIPPING RECIPIENT):

Same address as above	<input type="checkbox"/> YES <input type="checkbox"/> NO (you are required to fill up the below)
Full Name (as per IC/Passport):	
Company Name (as per SSM):	
NRIC/Passport/Business Reg:	
Tax Identification No.:	SST Registration No.:
Address:	
Postal Code:	City:
Contact No:	Email Address:

H. PAYMENT TYPE You can always check the list of available payment methods at <https://bit.ly/methodenamy>.

<input type="checkbox"/> CREDIT CARD	Single Payment	<input type="checkbox"/> Visa <input type="checkbox"/> Master
<input type="checkbox"/> CHEQUE/ REMITTANCE	PBB: 3-1777-8621-4	HLB: 223-00000-162
<input type="checkbox"/> Single payment can be done at Senang Pay at https://bit.ly/senangpay1		

I. PAYMENT METHODS. – SINGLE PAYMENT & INSTALLMENT PLAN. ****18 & 36 months not applicable for EmGuarde****

<input type="checkbox"/> MOTO	<input type="checkbox"/> Visa <input type="checkbox"/> Master	Credit Card Number:
<input type="checkbox"/> Single Payment		
<input type="checkbox"/> Instalment		

Please select your bank:		Credit Card Expiry Date:		(MM/YY)		
Tenure:		Card Holder Signature:				
J. PAYMENT METHODS. – INSTALLMENT PLAN ONLY **Kangen Air & EmGuarde is up to 24 months only**						
Physically swipe in Enagic® Kuala Lumpur Office				OTHERS		
BANK & TENURE	HSBC, HONG LEONG	AFFIN, ALLIANCE, AMBANK, BSN, CIMB, OCBC, PUBLIC, RHB, STANDARD CHARTERED	UOB, BANK RAKYAT	AEON CREDIT	PRESTO PAY (Previously EPP)	DREAMSHOP (DCR) LINK
CATEGORY – EMGUARDE & MACHINE **18 months is not applicable for Kangen Air & EmGuarde**						
6	<input type="checkbox"/>	<input type="checkbox"/>	x	<input type="checkbox"/>	x	https://bit.ly/enagicdcr
12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> MACHINE ONLY	
18	<input type="checkbox"/> MACHINE ONLY	x	<input type="checkbox"/> UOB ONLY	<input type="checkbox"/>	x	
24	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> MACHINE ONLY	
CATEGORY – MACHINE ONLY						
36	HSBC, HLB	<input type="checkbox"/> ABMB, BSN, OCBC, PBB & SCB	<input type="checkbox"/>	<input type="checkbox"/>	x	
48	HSBC, HLB	<input type="checkbox"/> PBB, SCB	x	x	x	
60	HSBC, HLB	<input type="checkbox"/> SCB	x	x	x	
K. TERMS AND CONDITIONS.						
1. Copy of credit card (front side only) must be submitted for MOTO payment method.						
2. A minimum Penalty Fee of MYR 150.00 per case (zero-rated of GST) onto the request for Cancellation and Amendment for each transaction.						
L. ALTERNATE PAYER SECTION (if required).						
The Payer (Name) _____ bearing the NRIC/Passport No. _____						
paying total of MYR _____ for The Applicant (Name) _____						
ALTERNATE PAYER'S SIGNATURE: _____						
M. 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 and Distributor Handbook which is published on Enagic® (Malaysia) Sdn Bhd's website; www.enagic-my.com . 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) For the Kangen Air: FAQs and Purchase Terms & Conditions, you may refer to the following link: https://www.enagic-my.com/download/13503/?tmstv=1741845310..						
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.						
<input type="checkbox"/> Agree <input type="checkbox"/> Disagree						
I hereby acknowledge to receive a unit of pH Level Test Kit (Liquid Form) – Phenolphthalein for the purpose of testing the pH value of the water after installation has been completed. *machine category only*						
I hereby further acknowledge that I understand my ten (10) working days right of cancellation during the ten (10) working days cooling off period and						
<input type="checkbox"/> I hereby request Enagic® (Malaysia) Sdn Bhd to release/deliver the machine before the expiry of the cooling off period and by doing so, I hereby waive my rights to cancel the contract during the ten (10) working days cooling off period.						
<input type="checkbox"/> I wish to maintain my rights to be able to cancel the contract during the ten (10) working days cooling off period. **The Applicant is required to fill up 'Kontrak Jualan Langsung/Pesanan Pelanggan' (Direct Sales Contract/Customer Order). **						
CATEGORY - MACHINE						
I acknowledge to have been informed in regards to the following by the seller prior agreeing to enter into the agreement:						
<input type="checkbox"/> Monthly E- Cleaning – Once a month (requires E-Cleaner Powder & CPU) <input type="checkbox"/> Deep Cleaning – Once a year						
Monthly E-Cleaning and Deep Cleaning are not applicable for ANESPA DX machine						
<input type="checkbox"/> Replacement Filters <input type="checkbox"/> Coverage under Warranty						
<input type="checkbox"/> Machine Operation Guidelines – (How to operate the machine) <input type="checkbox"/> Marketing Plan (for distributors only)						
<input type="checkbox"/> Solution to produce Strong Acidic (pH 2.5) & Strong Kangen (11.5) – Based on Usage Rate (requires Electrolysis Enhancer)						
APPLICANT'S SIGNATURE:			SPONSOR'S SIGNATURE:			
DATE:			DATE:			