



ENAGIC® (MALAYSIA) SDN BHD

Registration No.: 201101042983

Direct Sales License No.: AJL931978

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ALL APPLICATION MUST BE SUBMITTED TO

goc.mys@enagic.com

CC to ukon@enagic-my.com

UKON™

APPLICATION FORM**TYPE OF ORDER** NEW REPEAT

<input type="checkbox"/> USER	NRIC/PASSPORT/BUSINESS REGISTRATION NUMBER
<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:	Date of Birth:		
Tax Identification No.:	SST Registration No.:		
Address:			
Postal Code:	City:		
Phone 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.****Not applicable for Ukon Sigma Softgels purchases below than 10 boxes****

Full Name (as per IC/Passport):			
ID No:	Contact No:		
Register the Applicant as your:	() A		

D. ENROLLER'S INFORMATION.

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

E. PRODUCTS.

<input type="checkbox"/> KANGEN UKON SIGMA SOFTGELS Contains of 1 Box (100 Softgels) Fish Source	PRICE: MYR 368.00
QUANTITY PURCHASED: _____ Boxes	Total MYR : _____
<input type="checkbox"/> KANGEN UKON & HONEY SOAP	
<input type="checkbox"/> SET DD (2 boxes 32 Bars)	PRICE: MYR 3,680.00
<input type="checkbox"/> SET SIGMA (6 boxes 96 Bars)	PRICE: MYR 9,980.00
<input type="checkbox"/> COMBINATION SET - KANGEN UKON SIGMA SOFTGELS & KANGEN UKON & HONEY SOAP	
<input type="checkbox"/> SET DD [5 boxes of UKON PP & 1 box (16 Bars) of Honey Soap]	PRICE: MYR 3,680.00
<input type="checkbox"/> SET SIGMA [15 boxes of UKON PP & 3 boxes (48 Bars) of Honey Soap]	PRICE: MYR 9,980.00

F. SHIPPING DETAILS.

<input type="checkbox"/> PENINSULAR MALAYSIA	
<input type="checkbox"/> EAST MALAYSIA	

G. UKON™ 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			
The installment scheme is applicable for a minimum of 10 boxes of Kangen Ukon Sigma Softgels & Honey Soap DD SET only			
<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. – SINGLE PAYMENT & INSTALLMENT PLAN			
The installment scheme is applicable for a minimum of 30 boxes of Kangen Ukon Sigma Softgels & Honey Soap Sigma SET only			
<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:	
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 RM159 per case onto the request for Cancellation and Amendment for each transaction			
L. RECURRING PAYMENT OPTION. (Please refer to the https://shop.enagic-my.com/)			
M. TOTAL PAYMENT.		**All prices are zero-rated of GST**	
UNIT PRICE	MYR		
MEMBER FEE	MYR		
TOTAL	MYR		
N. 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: _____			
O. AGREEMENTS.			
<i>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, Distributor Handbook and Frequently Asked Questions & Purchase Policies which are 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 and Frequently Asked Questions & Purchase Policies (including any amendments thereto which shall be furnished to me from time to time).</i>			
<i>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.</i>			
<i>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.</i>			
<input type="checkbox"/> Agree	<input type="checkbox"/> Disagree		
<i>I am aware that Enagic® (Malaysia) Sdn Bhd has the right to reject any application whereby is incomplete and/or falsification of signature and/or initial has occurred during the submission of this product application form.</i>			
<i>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</i>			
<input type="checkbox"/> <i>I hereby request Enagic® (Malaysia) Sdn Bhd to release/deliver the product 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.</i>			
<input type="checkbox"/> <i>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). **</i>			
APPLICANT'S SIGNATURE:		SPONSOR'S SIGNATURE:	
DATE:		DATE:	