

**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

ALL APPLICATION MUST BE SUBMITTED TO**goc.mys@enagic.com****CC to sales@enagic-my.com**www.enagic-my.com**MEMBER PRICE - PRODUCT APPLICATION FORM**

MEMBER PURCHASE	E8PA MEMBERS ONLY (USER).
ID NUMBER	

E8PA NAME		E8PA ID:	
FOR OFFICE USE ONLY	RECEIVED BY:	APPLICATION DATE:	

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.:	<i>Mandatory for SST- registrant</i>		
Address:			
Postal Code:		City:	
Contact No (Home/Office):		(Mobile):	
Email Address:		Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female

B. SPONSOR'S INFORMATION.

Sponsor's Name:			
Sponsor's ID No:		Sponsor's Contact No:	
Register the Applicant as your:	() A		

C. PRODUCTS.****All prices are zero-rated of GST****

CATEGORY - MACHINE	SERIAL NUMBER			MEMBER PRICE
<input type="checkbox"/> SUPER 501				MYR 17,500.00
<input type="checkbox"/> ANESPA DX				MYR 7,200.00
CATEGORY - UKON	CONTAINS OF		FISH SOURCE	MEMBER PRICE
<input type="checkbox"/> KANGEN UKON SIGMA SOFGELS (UKON DD)	10 BOXES	1000 CAPSULES	SQUALENE	MYR 3,300.00
	TYPE OF ORDER			
	<input type="checkbox"/> NEW		<input type="checkbox"/> REPEAT	

D. SHIPPING DETAILS.****All prices are zero-rated of GST****

CATEGORY - MACHINE		
AREA & COURIER	GDEX	GDEX - SUPER501
<input type="checkbox"/> PENINSULAR MALAYSIA	MYR 32.00	MYR 53.00
<input type="checkbox"/> EAST MALAYSIA	MYR 150.00	MYR 275.00
CATEGORY - KANGEN UKON SIGMA SOFTGELS		
<input type="checkbox"/> PENINSULAR MALAYSIA	The product price includes the shipping fee.	
<input type="checkbox"/> EAST MALAYSIA		

E. MACHINE 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.:	<i>Mandatory for SST- registrant</i>
Postal Code:	City:
Contact No.:	
Email Address:	

F. PAYMENT METHODS. – SINGLE PAYMENT ONLY.			
<input type="checkbox"/> CREDIT CARD	Swipe in the office	<input type="checkbox"/> Visa	<input type="checkbox"/> Master
<input type="checkbox"/> CHEQUE/ REMITTANCE	PBB: 3-1777-8621-4	HLB: 223-00000-162	
G. PAYMENT METHODS. – SINGLE PAYMENT.			
<input type="checkbox"/> MOTO <i>*Commission may be varied from cheque/ remittance/ credit card swipe in the office. Please refer commission chart.</i>	Mail Order	<input type="checkbox"/> Visa	<input type="checkbox"/> Master
	Credit Card Number:	Amount:	
	Credit Card Expiry Date:	(MM/YY)	
	Cardholder's Signature:		
H. 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 159.00 per case (zero-rated of GST) onto the request for Cancellation and Amendment for each transaction.			
I. TOTAL PAYMENT.		**All prices are zero-rated of GST**	
UNIT PRICE	MYR		
SHIPPING FEE	MYR		
TOTAL	MYR		
J. 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: _____			
K. TERMS & CONDITIONS – UKON DD.			
You must self-purchase Ukon product to be enrolled in the Ukon program and to receive commissions from Ukon sales within your downline. Without an active Ukon account, the 8-point Ukon commission will be passed up to the nearest active Ukon account in your upline. 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).			
L. 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).			
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. 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 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. <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). **			
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:	