



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 [respective area email](#)

www.enagic-my.com

PRODUCT APPLICATION FORM

<input type="checkbox"/> USER	NRIC & MEMBER FEE: MYR 50.00 **STARTER KIT INCLUDED**
<input type="checkbox"/> DISTRIBUTOR	
ID NUMBER	

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

*Applicant's Name:			
*NRIC or Company No:		*Date of Birth:	
*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.:			
NRIC No.:		Old NRIC No.:	
Company Registration No.:		Income Tax No.:	

C. ENROLLER & SPONSOR'S INFORMATION.

Enroller's Name:			
Enroller's ID No:		Enroller's Contact No:	
Sponsor's Name:	<input type="checkbox"/> Same as Above		
Sponsor's ID No:		Sponsor's Contact No:	
Register the Applicant as your:	() A		

D. PRODUCTS.

****All prices are zero-rated of GST****

CATEGORY	SERIAL NUMBER	PRICE
<input type="checkbox"/> SD501		MYR 13,980.00
<input type="checkbox"/> SUPER 501		MYR 18,800.00
<input type="checkbox"/> ANESPA DX		MYR 9,000.00
<input type="checkbox"/> JRIV		MYR 13,000.00
<input type="checkbox"/> K8		MYR 18,980.00
<input type="checkbox"/> SD501-PT		MYR 15,380.00

E. SHIPPING DETAILS.

****All prices are zero-rated of GST****

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

F. MACHINE TO BE DELIVERED TO:

Recipient:			
Address:			
Postal Code:		City:	
Contact No.:			

G. 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					
H. PAYMENT METHODS. – SINGLE PAYMENT & INSTALLMENT PLAN									
<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		Amount:	
		Credit Card Number:							
		Credit Card Expiry Date		(MM/YY)		<input type="checkbox"/> Public: 6/12/18/24 months <input type="checkbox"/> CIMB: 6/12/24 months <input type="checkbox"/> UOB: 12/18/24 months <input type="checkbox"/> B RAKYAT: 12/24/36 months <input type="checkbox"/> HLB BANK: 6/12/18/24 months			
		Cardholder's Signature:							
I. PAYMENT METHODS. – INSTALLMENT PLAN ONLY									
		<i>**Physically swipe in Enagic® Kuala Lumpur Office**</i>					OTHERS		
MONTHS & BANKS	HSBC HONG LEONG	CITI, CIMB, AFFIN, RHB, AMBANK	UOB, BANK RAKYAT	OCBC, PUBLIC	STANDARD CHARTERED	AEON CREDIT	EPP	DREAMSHOP (DCR) LINK	
6	<input type="checkbox"/>	<input type="checkbox"/>	x	<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"/>	<input type="checkbox"/>			
18	<input type="checkbox"/>	x	<input type="checkbox"/> UOB ONLY	PBB	x	<input type="checkbox"/>	x		
24	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
36	<input type="checkbox"/> except for HLB	x	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	x		
J. 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.									
K. TOTAL PAYMENT. <i>**All prices are zero-rated of GST**</i>									
UNIT PRICE		MYR							
SHIPPING FEE		MYR							
MEMBER FEE		MYR							
TOTAL		MYR							
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).									
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 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). **									
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				
<i>**Monthly E-Cleaning and Deep Cleaning are not applicable for ANESPA DX machine**</i>									
<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:				