



ENAGIC® (MALAYSIA) SDN BHD

Registration No.: 201101042983

Direct Sales License No.: AJL931978

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[www.enagic-my.com](http://www.enagic-my.com)

ALL APPLICATION MUST BE SUBMITTED TO

[goc.mys@enagic.co.jp](mailto:goc.mys@enagic.co.jp)

## UKON™ APPLICATION FORM

| TYPE OF ORDER |        |
|---------------|--------|
| NEW           | REPEAT |

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

|                     |              |                   |
|---------------------|--------------|-------------------|
| FOR OFFICE USE ONLY | RECEIVED BY: | APPLICATION DATE: |
|---------------------|--------------|-------------------|

### A. PRINCIPAL INFORMATION.

|                     |   |
|---------------------|---|
| Applicant's Name:   |   |
| NRIC or Company No: | Date of Birth:  |
| Address:            |   |
| Postal Code:        | City:   |
| Phone No :          | State:  |
| 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: |
| Company Registration No.: |           |
| Income Tax No.:           |           |

### C. 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                            | CONTAINS OF |               | FISH SOURCE | PRICE        |
|-------------------------------------|-------------|---------------|-------------|--------------|
| <input type="checkbox"/> UKON DD    | 10 BOXES    | 1000 CAPSULES | SQUALENE    | MYR 3,180.00 |
| <input type="checkbox"/> UKON SIGMA | 30 BOXES    | 3000 CAPSULES | SQUALENE    | MYR 8,270.00 |

### E. SHIPPING DETAILS.

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

| AREA & COURIER                               | UKON DD   | UKON SIGMA |
|--|-----------|------------|
| <input type="checkbox"/> PENINSULAR MALAYSIA | MYR 27.00 | MYR 27.00  |
| <input type="checkbox"/> EAST MALAYSIA       | MYR 50.00 | MYR 87.00  |

### F. UKON™ TO BE DELIVERED TO:

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

|  |                          |                               |   |                                  |                          |
|--|--------------------------|-------------------------------|---|----------------------------------|--------------------------|
| <b>G. PAYMENT METHODS. – SINGLE PAYMENT ONLY</b>   |                          |                               |   |                                  |                          |
| <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            |   |                                  |                          |
| <b>H. PAYMENT METHODS. – SINGLE PAYMENT &amp; INSTALLMENT PLAN</b>   |                          |                               |   |                                  |                          |
| <input type="checkbox"/> MOTO<br><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)                     |   |                                  |                          |
|  | Cardholder's Signature:  |                               |   | <input type="checkbox"/> Public: | 12/24 months             |
|  |                          |                               |   | <input type="checkbox"/> CIMB:   | 12/24 months             |
|  |                          |                               |   | <input type="checkbox"/> UOB:    | 12/24 months             |
| <b>**The installment scheme is applicable for UKON SIGMA only**</b>  |                          |                               |   |                                  |                          |
| <b>I. TERMS AND CONDITIONS.</b>  |                          |                               |   |                                  |                          |
| <b>**Physically swipe in Enagic® Kuala Lumpur Office**</b>   |                          |                               |   |                                  |                          |
| MONTHS & BANKS   | PUBLIC, HONG LEONG       | CIMB, HSBC, RHB & AFFIN       | UOB   | OCBC                             | STANDARD CHARTERED       |
| 12   | <input type="checkbox"/> | <input type="checkbox"/>      |   |                                  | <input type="checkbox"/> |
| 24   | <input type="checkbox"/> |                               |   | x                                | <input type="checkbox"/> |
| <b>**The installment scheme is applicable for UKON SIGMA only**</b>  |                          |                               |   |                                  |                          |
| <b>J. TERMS AND CONDITIONS.</b>  |                          |                               |   |                                  |                          |
| 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  |                          |                               |   |                                  |                          |
| <b>K. TOTAL PAYMENT.</b>   |                          |                               |   |                                  |                          |
| <b>**All prices are zero-rated of GST**</b>  |                          |                               |   |                                  |                          |
| UNIT PRICE   | MYR                      |                               |   |                                  |                          |
| SHIPPING FEE   | MYR                      |                               |   |                                  |                          |
| MEMBER FEE   | MYR                      |                               |   |                                  |                          |
| TOTAL  | MYR                      |                               |   |                                  |                          |
| <b>L. ALTERNATE PAYER SECTION (if required).</b>   |                          |                               |   |                                  |                          |
| The Payer (Name) _____   |                          |                               | bearing the NRIC/Passport                   |                                  |                          |
| No. _____  |                          |                               | paying total of MYR _____ for The Applicant |                                  |                          |
| (Name) _____   |                          |                               | ALTERNATE PAYER'S SIGNATURE: _____          |                                  |                          |
| <b>M. TERMS &amp; CONDITIONS.</b>  |                          |                               |   |                                  |                          |
| <p><i>In order for a non-UKON™ DD distributor to receive any UKON™ DD commission &amp; 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.</i></p> <p><i>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).</i></p>   |                          |                               |   |                                  |                          |
| <b>N. AGREEMENTS.</b>  |                          |                               |   |                                  |                          |
| <p><i>I certify that I have received a copy of and have read and understood the provisions of Enagic® (Malaysia) Sdn Bhd's <b>Set of Policies; Distributor Policies &amp; Procedures, Privacy Policy, Refund Policy, Collection Policy, Commission Policy and Delivery Policy</b> which is published on Enagic® (Malaysia) Sdn Bhd's website; <a href="http://www.enagic-my.com">www.enagic-my.com</a>. 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></p> <p><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></p> <p><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></p> |                          |                               |   |                                  |                          |
| <input type="checkbox"/> Agree   |                          |                               | <input type="checkbox"/> Disagree           |                                  |                          |
| <p><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></p> <p><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></p>   |                          |                               |   |                                  |                          |
| <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. <b>**The Applicant is required to fill up 'Kontrak Jualan Langsung/Pesanan Pelanggan' (Direct Sales Contract/Customer Order). **</b></i>   |                          |                               |   |                                  |                          |
| <b>APPLICANT'S SIGNATURE:</b><br><b>DATE:</b>  |                          |                               | <b>SPONSOR'S SIGNATURE:</b><br><b>DATE:</b> |                                  |                          |