



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

## UKON™ APPLICATION FORM

TYPE OF ORDER	
<input type="checkbox"/> NEW	<input type="checkbox"/> REPEAT

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

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

<b>FOR OFFICE USE ONLY</b>	<b>RECEIVED BY:</b>	<b>APPLICATION DATE:</b>
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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:	
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 <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		
		<input type="checkbox"/> HLB:	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, CITIBANK
12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24	<input type="checkbox"/>	<input type="checkbox"/>	<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>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.</p> <p>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).</p>					
<b>N. AGREEMENTS.</b>					
<p>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).</p> <p>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.</p> <p>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.</p>					
<input type="checkbox"/> Agree			<input type="checkbox"/> Disagree		
<p>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.</p> <p>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</p>					
<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. <b>**The Applicant is required to fill up 'Kontrak Jualan Langsung/Pesanan Pelanggan' (Direct Sales Contract/Customer Order). **</b>					
APPLICANT'S SIGNATURE:			SPONSOR'S SIGNATURE:		
DATE:			DATE:		