

## ENAGIC<sup>®</sup> (MALAYSIA) SDN BHD Registration No.: 201101042983 Direct Sales License No.: AJL931978

## ALL APPLICATION MUST BE SUBMITTED TO

goc.mys@enagic.com

CC to ukon@enagic-my.com

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 <u>www.enagic-my.com</u>

Image: Second Secon	<b>UKON™ APPLICATION FORM</b>		RM	USER							
TYPE OF ORDER       ID NUMBER         ID NUMBER       ID NUMBER         EOR OFFICE USE ONLY       RECEIVED BY;       APPLICATION DATE:         A. PRINCIPAL INFORMATION.       **Date of Birth:       **Applicant's Name:         **Pasport or Company No:       **Date of Birth:       **Address:         **Postal Code:       **City:       **Date of Birth:         **Address:       **City:       **City:         **Postal Code:       **City:       **City:         **Postal Code:       **City:       **Gender:       Male         B PRINCIPAL BANK INFORWATION.       **FILL OUT IF APPLICANT REGISTER AS DISTRIBUTOR         Account Holder Name:       **Gender:       Male       Female         B PRINCIPAL BANK INFORMATION.       *FILL OUT IF APPLICANT REGISTER AS DISTRIBUTOR       Account Holder Name:       **Gender:       Male       Female         Address of the Bank:						NRIC & MEMBER FEE: MYR 50.00 **STARTER KIT INCLUDED**			RTFR KIT INCI UDFD**		
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*Applicant's Name: *Passport or Company No: *Passport or Company No: *Postal Code: B. <u>PRINCIPAL BANK INFORMATION.</u> Account Holder Name: Name of the Bank: Address of the Bank: Address of the Bank: Name of the Bank: Address of the Bank: Postal Code: Company Registration No.: C. <u>SPONSOR'S INFORMATION.</u> Sponsor's INFORMATION. Sponsor's INFORMATION.	FOR OFFICE USE (	ONLY		RECEIVED BY:			APPLIC	ATION DAT	E:		
*Applicant's Name: *Passport or Company No: *Passport or Company No: *Postal Code: B. <u>PRINCIPAL BANK INFORMATION.</u> Account Holder Name: Name of the Bank: Address of the Bank: Address of the Bank: Name of the Bank: Address of the Bank: Postal Code: Company Registration No.: C. <u>SPONSOR'S INFORMATION.</u> Sponsor's INFORMATION. Sponsor's INFORMATION.		ΡΜΛΤΙΟ	N								
*Passport or Company No:       *Date of Birth:         *Address:       *City:         *Postal Code:       *City:         Phone No (Home/Office):       *(Mobile):         Email Address:       **(Mobile):         Email Address:       **FILL OUT IF APPLICANT REGISTER AS DISTRIBUTOR         Account Holder Name:       **FILL OUT IF APPLICANT REGISTER AS DISTRIBUTOR         Account Holder Name:       **FILL OUT IF APPLICANT REGISTER AS DISTRIBUTOR         Account Holder Name:          Postal Code:       City & Country:         Address of the Bank:          Postal Code:       City & Country:         Account No.:       IBAN:         Pasport No:       SWIFT:         Company Registration No.:       SWIFT:         Company Registration No.:       Sponsor's Contact No:         Sponsor's INFORMATION.       Sponsor's Contact No:         Sponsor's IN NO:       \$\$ Sponsor's Contact No:         Register the Applicant as your:       () A         D. PROUCTS.       \$\$ Sponsor's Contact No:         CATEGORY       CONTAINS OF       FISH SOURCE         WKON SIGMA       30 BOXES       3000 CAPSULES       \$QUALENE         UKON SIGMA       30 BOXES       3000 CAPSULES       \$QUALENE <th></th> <th>MINATIO</th> <th><u>     </u></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th>		MINATIO	<u>     </u>								
*Address:       *City:         *Postal Code:       *City:         *Postal Code:       *City:         *Postal Code:       *City:         Email Address:       *Gender:       Male         Email Address:       *Gender:       Male         Email Address:       *FILL OUT IF APPLICANT REGISTER AS DISTRIBUTOR         Account Holder Name:       *FILL OUT IF APPLICANT REGISTER AS DISTRIBUTOR         Account Nolder Name:       *FILL OUT IF APPLICANT REGISTER AS DISTRIBUTOR         Address of the Bank:          Postal Code:          Account No.:          Passport No:          Company Registration No.:          Sponsor's Name:       Sponsor's Contact No:         Sponsor's Name:          Sponsor's ID No:          Register the Applicant as your:       () A         D. PRODUCTS.       **All prices are zero-rated of GST**         CATEGORY       CONTAINS OF       FISH SOURCE         UKON DD       10 BOXES       3000 CAPSULES       SQUALENE         UKON SIGMA       30 BOXES       3000 CAPSULES       SQUALENE         Delivery option is not applicable. Or arrange their own courier provider.       Male set		No:					*Data of Birth				
*Postal Code:       *City:         Phone No (Home/Office):       *City:         Email Address:       *Gender:       Male         B. PRINCIPAL BANK INFORMATION.       *FILL OUT IF APPLICANT REGISTER AS DISTRIBUTOR         Account Holder Name:       *FILL OUT IF APPLICANT REGISTER AS DISTRIBUTOR         Address of the Bank:		NO.					Date of Birth.				
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Address of the Bank:          Postal Code:          Count No.:          Account No.:          Passport No.:          Company Registration No.:          Company Registration No.:          C. SPONSOR'S INFORMATION.         Sponsor's Name:         Sponsor's Name:         Sponsor's ID No:         Register the Applicant as your:         () A         D. PRODUCTS.         CATEGORY         CONTAINS OF         FISH SOURCE         PRICE         UKON DD       10 BOXES         1000 CAPSULES       SQUALENE         MYR 8,270.00         E. SHIPPING DETAILS.             Pelivery option is not applicable.            All customers must either made a self-collection in Enagic Malaysia office Or arrange their own courier provider.	Account Holder Name:										
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Account No.:       Image: Strate of the strate	Address of the Bank:										
Passport No.:       SWIFT:       Income Tax No.:         Company Registration No.:       Income Tax No.:       Income Tax No.:         Sponsor's Name:       Sponsor's Name:       Sponsor's Contact No:         Sponsor's ID No:       Image: Sponsor's Contact No:       Sponsor's Contact No:         Register the Applicant as your:       ( ) A       A <b>**</b> All prices are zero-rated of GST**         CATEGORY         UKON DD       10 BOXES       1000 CAPSULES       SQUALENE       MYR 3,180.00         UKON SIGMA       30 BOXES       3000 CAPSULES       SQUALENE       MYR 8,270.00         E. SHIPPING DETAILS.         Delivery option is not applicable.         All customers must either made a self-collection in Enagic Malaysia office Or arrange their own courier provider.         F. PAYMENT METHODS. – SINGLE PAYMENT ONLY         CREDIT CARD       Swipe in the office       Uisa       Master	Postal Code:						City & Country:				
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□ UKON DD       10 BOXES       1000 CAPSULES       SQUALENE       MYR 3,180.00         □ UKON SIGMA       30 BOXES       3000 CAPSULES       SQUALENE       MYR 8,270.00         E. SHIPPING DETAILS.       Delivery option is not applicable.         All customers must either made a self-collection in Enagic Malaysia office Or arrange their own courier provider.         F. PAYMENT METHODS. – SINGLE PAYMENT ONLLY											
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		IODS. – S	1		1						
							Master				
REMITTANCE     PBB: 3-1777-8621-4     Swift code:     PBBEMYKL       PAY DOLLAR     Kindly notify Customer Service Personnel for Pay Dollar link.     PBEMYKL					I						

G. PAYMENT METHODS. – SINGLE PAYMENT									
🗆 МОТО	Mail Order	🗆 Visa	Master	Amount:					
*Commission may be varied	Credit Card Number:			· ·					
from remittance/ credit card	Credit Card Expiry Date		(MM/YY)						
swipe in the office.									
Please refer commission chart.	Cardholder's Signature:								
H. TERMS AND CONDITIONS.									
1. Copy of credit card (front side									
2. A minimum Penalty Fee of RM	159 per case onto the request f	or Cancellatior	and Amendment fo						
I. <u>TOTAL PAYMENT</u> .				**All prices are zero-rated of GST**					
UNIT PRICE	MYR								
SHIPPING FEE	MYR								
MEMBER FEE	MYR								
TOTAL	MYR								
J. <u>ALTERNATE PAYER SECTION (<i>if required</i>)</u> .									
The Payer (Name)				bearing the NRIC/Passport					
No	paying total of MYR for The Applicant								
(Name)		ALTERNATE PA	YER'S SIGNATURE:						
K. <u>TERMS &amp; CONDITIONS.</u>									
In order for a non-UKON™ DD distributor to receive any UKON™ DD commission & 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.									
A UKON <sup><math>m</math></sup> DD distributor is required to REPEAT THE PURCHASED AT LEAST TWICE in order to make the UKON <sup><math>m</math></sup> 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. <u>AGREEMENTS.</u>									
I certify that I have received a copy of and have read and understood the provisions of Enagic <sup>®</sup> (Malaysia) Sdn Bhd's <b>Set of Policies (BRUNEI); Distributor</b> <b>Policies &amp; Procedures, Privacy Policy, Refund Policy, Collection Policy, Commission Policy</b> and <b>Delivery Policy</b> which is published on Enagic <sup>®</sup> (Malaysia)									
Sdn Bhd's website; <u>www.enagic-my.com</u> . I hereby agree to be bound by Enagic <sup>®</sup> (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 <sup>®</sup> (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 <sup>®</sup> (Malaysia) Sdn Bhd's									
Privacy Policy.									
<ul> <li>Agree</li> <li>Disagree</li> <li>I am aware that Enagic<sup>®</sup> (Malaysia) Sdn Bhd has the right to reject any application whereby is incomplete and/or falsification of signature and/or initial</li> </ul>									
has occurred during the submission of this product application form.									
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 hereby request Enagic <sup>®</sup> (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.									
				g off period. <b>**The Applicant is required to fill up</b>					
'Kontrak Jualan Langsung/Pesana	n Pelanggan' (Direct Sales Contro	1							
APPLICANT'S SIGNATURE:			SPONSOR'S SIGNATURE:						
DATE:		DATE:	DAIE:						