ALL APPLICATION MUST BE SUBMITTED TO



ENAGIC® (MALAYSIA) SDN BHD

Registration No.: 201101042983

Direct Sales License No.: AJL931978

USER

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UKON™ APPLICATION FORM [PAKISTAN]

FORM [PAKISTAN]	☐ DISTRIBUTOR	IDENTITY CARD & MEMBER FEE: USD 12.00 / MYR 50.00
TYPE OF ORDER		**STARTER KIT INCLUDED**
□ NEW □ REPEAT	ID NUMBER	

FOR OFFICE USE (<u>ONLY</u>		RECEIVED BY:			APPLICATION DATE:				
A. PRINCIPAL INFORMATION.										
*Applicant's Name:										
*Passport or Company	No:					*	Date of Birth:			
*Address:										
*Postal Code:							*City:			
Phone No (Home/Offic	e):						*(Mobile):			
Email Address:							*Gender:	□Male □Female		
B. PRINCIPAL BANK INFORMATION. *FILL OUT IF APPLICANT REGISTER AS DISTRIBUTE							S DISTRIBUTOR			
Account Holder Name:										
Name of the Bank:										
Address of the Bank:										
Postal Code:					City	& Country:	ountry:			
Account No.:					IBAN	l:				
Passport No.:						SWII	FT:			
Company Registration	istration No.:				Inco	me Tax No.:				
C. <u>SPONSOR'S INFO</u>	ORMATIC	<u>N.</u>								
Enroller's Name:										
Enroller's ID No:		Enroller's Contact No:								
Sponsor's Name:		□ Sa	me as Above							
Sponsor's ID No:				Sponsor's Contact No:						
Register the Applicant	as your:	() A							
D. <u>PRODUCTS</u> . **All prices are zero-rated of GST**								ated of GST**		
CATEGORY		CON	TAINS OF		FISH SOURCE		Ī	PRICE		E
☐ UKON DD	10 BC	OXES	1000 CAPSULES	SQUALENE			USD 740.00		MYR 3,180.00	
☐ UKON SIGMA	30 BC	OXES	3000 CAPSULES	SQUALENE			USD 1,923.00		MYR 8,270.00	
E. SHIPPING DETAILS.										
MACHINE & COURIE	R	COURIER (DHL) **INSURANCE INCLUDED**								
☐ UKON DD			USD	363.00			MYR 1,562.00			
☐ UKON SIGMA			USD	D 499.00			MYR 2,148.00			
F. PAYMENT METHODS. – SINGLE PAYMENT ONLY										
				PBBEMYKL						
PAYMENT LINK (MYR only) Kindly notify Customer Service Personnel for Credit Card payment link (VISA/MASTERCARD only).					nıy).					

G. TERMS AND CONDITIONS.						
1. A minimum Penalty Fee of USD 40.00 per case onto the request for Cancellation and Amendment for each transaction						
H. TOTAL PAYMENT.						
UNIT PRICE	USD/MYR					
SHIPPING FEE	USD/MYR					
MEMBER FEE	USD/MYR					
TOTAL	USD/MYR					
I. ALTERNATE PAYER SECTION	ON (if required).					
The Payer (Name)			bearing the NRIC/Passport			
No	paying	g total of USD/MYR	for The Applicant			
(Name)		ALTERNATE PAYER'S SIGNATURE:				
J. TERMS & CONDITIONS.						
In order for a non-UKON™ DD distr	ibutor to receive any UKON™ DD o	commission & sale, he/she is required	to enroll him/herself with UKON™ DD Program			
by purchasing a UKON™ product. O	therwise, all the commission and s	sale for UKON™ DD will pass to the up	lines.			
			e UKON™ DD account as permanent account.			
Otherwise, the UKON™ DD accoun	t will be terminated without any i	notice upon expiry date. By default, D	istributor shall no longer entitle to receive any			
commission for any UKON™ DD sale	e(s).					
K. AGREEMENTS.						
I certify that I have received a co	ppy of and have read and under	stood the provisions of Enagic® (Ma	laysia) Sdn Bhd's Set of Policies (PAKISTAN) ;			
Distributor Policies & Procedures, Privacy Policy, Refund Policy, Collection Policy, Commission Policy and Delivery Policy which is published on Enagic®						
			vsia) Sdn Bhd's Set of Policies (including any			
amendments thereto which shall be	•	•				
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.						
□ Agree □ Disagree						
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 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® (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 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). **						
APPLICANT'S SIGNATURE:		SPONSOR'S SIGNATURE:				
DATE:		DATE:				