



Tel: 03-2282-2332

Fax: 03-2282-2335

Web: www.enagic.com/

DISTRIBUTOR ID

Address: Unit 29-7, 7F, The Boulevard Mid Valley City, Lingkaran Syed Putra, 59200 Kuala Lumpur

FOR OFFICE USE ONLY

APPLICANT REGISTERING AS A  DISTRIBUTOR (PLEASE PROVIDE ID COPY)  USER  MEMBER PURCHASE

**PRINCIPAL INFORMATION**

NAME, COMPANY NAME

Grid for name and company name

NRIC OR PASSPORT NO OR COMPANY NO

DATE OF BIRTH: DDMMYYYY

GENDER  MALE  FEMALE

ADDRESS

CITY POSTAL CODE STATE

PHONE NO: HOME/OFFICE MOBILE NO

E-MAIL ADDRESS:

**SPONSOR INFORMATION**

SPONSOR NAME

SPONSOR ID

Grid for sponsor name and ID

REGISTER THE APPLICANT AS YOUR ( ) A

**APPLICANT BANK INFORMATION (FILL OUT IF APPLICANT REGISTERS AS DISTRIBUTOR)**

BENEFICIARY NAME

BANK NAME BRANCH

A/C NO

**PRODUCT ORDER**

PRODUCT S/N UNIT PRICE

PICK UP AT OFFICE BY  APPLICANT  ALTERNATE PICK UP  DELIVERY (PLEASE SELECT THE SHIPPING COMPANY BELOW)

SHIPPING DETAILS (SHIPPING CHARGES BELOW ARE ONLY APPLICABLE FOR SD501, JRIL, SD501-PT, ANESPA)

	KL	PENANG	MELAKA	JB	IPOH	EAST MY	PENIN MY (w/o LISTED CITIES)
<input type="checkbox"/> YAMATO TA-Q-BIN	<input type="checkbox"/> RM 20	<input type="checkbox"/> RM 20	<input type="checkbox"/> Not Available	<input type="checkbox"/> RM 20	<input type="checkbox"/> Not Available	<input type="checkbox"/> Not Available	<input type="checkbox"/> RM 30
<input type="checkbox"/> DHL	<input type="checkbox"/> RM 120	<input type="checkbox"/> RM 120	<input type="checkbox"/> RM 120	<input type="checkbox"/> RM 120	<input type="checkbox"/> RM 120	<input type="checkbox"/> RM 240	<input type="checkbox"/> RM 140
<input type="checkbox"/> City Link	<input type="checkbox"/> RM 30	<input type="checkbox"/> RM 30	<input type="checkbox"/> RM 30	<input type="checkbox"/> RM 30	<input type="checkbox"/> RM 30	<input type="checkbox"/> RM 170	<input type="checkbox"/> RM 40

ADDRESS

RECEIVER PHONE

**PAYMENT METHOD**

- CASH
- CHEQUE
- REMITTANCE
- CREDIT CARD (SINGLE PAYMENT)

CHEQUE NO:

SIGNATURE

PLEASE SUBMIT THE BANK PAYMENT SLIP WITH PRODUCT APPLICATION FORM

- VISA
- MASTER
- DEBIT
- AMEX

NAME:

CREDIT CARD NUMBER

EXP: MM/YY SIGNATURE

TRANSACTION NO (OFFICE USE)

- ◇ CREDIT CARD INSTALMENT INSTALMENT (THIS INSTALMENT IS APPLICABLE ONLY FOR VISA OR MASTERCARD BANK CARDS)

PLEASE FILL OUT THE CREDIT CARD INSTALMENT FORM

UNIT PRICE	SHIPPING	TOTAL	RECEIVED BY (OFFICE USE)
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**AGREEMENT**

I CERTIFY THAT I HAVE BEEN FURNISHED A COPY OF AND HAVE READ, UNDERSTAND AND AGREE TO THE PROVISIONS IN ENAGIC (MALAYSIA) SDN BHD, POLICIES AND PROCEDURES MANUAL, WHICH DOCUMENTS(WITH ANY AMENDMENTS OR RESTATEMENTS FURNISHED BY ENAGIC MALAYSIA TO ME AFTER THIS DATE) IS HEREBY INCORPORATED BY THIS REFERENCE AS IF FULLY SET FORTH HEREIN AND SETS FORTH THE EXDUSIVE TERMS AND CONDITIONS OF MY AGREEMENT WITH ENAGIC (MALAYSIA) SDN BHD.

APPLICANT SIGNATURE

DATE

SPONSOR SIGNATURE

DATE

Office Copy