



**ENAGIC SINGAPORE PTE LTD**

111 North Bridge Road, #25-04 Peninsula Plaza Singapore 179098

Tel: (65) 6720-7501 Fax: (65) 6720-7505 www.enagic.com.sg

Company's Registration Number: 201135560M

ID:

Date:

**Applicant Information**

Applicant/Company Name:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Address:		Postal Code:
Date of Birth:	Telephone:	Email (Compulsory):
NRIC/Passport No.:	Status: <input type="checkbox"/> Distributor (ID & Bank Details REQUIRED)	

**Enroller Information - OPTIONAL**

**TEAM PLACEMENT BUILDING PROGRAM (ENROLLER)**

Name: \_\_\_\_\_ Enroller ID: \_\_\_\_\_

\*After registration, the special point status of the enroller will be renewed, while the appointed sponsor will receive commission based on his/her current distributor status (SP, D1, D0, FA0). The direct sponsor status will not be influenced by this sales. Placement of the new client cannot be changed after processing.\*

**Sponsor Information**

Name:	Sponsor ID:	REGISTER APPLICANT AS YOUR <b>[ ] A</b>
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**Payment Information (Enagic Singapore Pte Ltd will only process the form once payment or the initial payment has been paid)**

Item: <input type="checkbox"/> Leveluk SD501 <input type="checkbox"/> Leveluk Jr IV <input type="checkbox"/> SD501 Platinum <input type="checkbox"/> Super 501 <input type="checkbox"/> Leveluk K-8 <input type="checkbox"/> Anespa DX <input type="checkbox"/> Ukon DD A / B / C <input type="checkbox"/> Ukon Sigma	Serial Number:
Full Payment <input type="checkbox"/> Single <input type="checkbox"/> Split	Enagic Payment <input type="checkbox"/> 6 month <input type="checkbox"/> 12 month Initial Payment: _____

_____	+	_____	+	_____	+	_____	=	_____
Unit Price		GST		Starter kit		Handling Fees		Total

**Note: We DO NOT ACCEPT ANY third party payment without the alternate payer form!**

Payment Method:  GrabPay  Cheque  Credit  Bank Transfer (A/C:003-917499-3)  NETS

Remark: \_\_\_\_\_

Bank Name / Check Number: \_\_\_\_\_

**For Distributor Only: Bank Information**

Bank Name/Code:	Account Holder's Name:
Branch Name/Code:	Account Number:

**Acknowledgement**

I confirm that the information furnished in this application is to the best of my knowledge, true and correct. All documents submitted in support of this application are true copies of the originals. In the event of any disputes, ENAGIC SINGAPORE PTE LTD's decision is final.

I certify that I have been furnished and have read, understand and agree to the provisions ENAGIC SINGAPORE PTE LTD POLICIES AND PROCEDURES (ONLY FOR DISTRIBUTOR) which document (with any amendments or restatements furnished by ENAGIC SINGAPORE PTE LTD to me after this date). I hereby this reference as if fully set forth herein and sets forth the exclusive terms and conditions of this Policies and Procedure with ENAGIC SINGAPORE PTE LTD.

Applicant Signature:	Sponsor/ Enroller Signature:	Staff Signature
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