



**ENAGIC® (MALAYSIA) SDN BHD**  
 Registration No.: 201101042983  
**Direct Sales License No.: AJL931978**

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Tel: (+60)3-2282 2332 Fax: (+60)3- 2282 2335 [www.enagic-my.com](http://www.enagic-my.com) | <https://shop.enagic-my.com/>

NEW PURCHASE: Pls email to [goc.mys@enagic.com](mailto:goc.mys@enagic.com) and [ukon@enagic-my.com](mailto:ukon@enagic-my.com)  
 REPEAT PURCHASE: Pls email to [ukon@enagic-my.com](mailto:ukon@enagic-my.com)

## UKON APPLICATION FORM

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

<input type="checkbox"/> USER	NRIC/PASSPORT/BUSINESS REGISTRATION NUMBER
<input type="checkbox"/> DISTRIBUTOR	NRIC/ PASSPORT/BUSINESS REGISTRATION NUMBER & STARTER KIT: MYR 50.00
<b>ID NUMBER</b>	

<b>FOR OFFICE USE ONLY</b>	<b>RECEIVED BY:</b>	<b>APPLICATION DATE:</b>
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<b>A. PRINCIPAL INFORMATION.</b>		<b>* Mandatory fields</b>
*Full Name (as per IC/Passport):		
Company Name (as per SSM):		
*NRIC/Passport:/		*Date of Birth:
Business Registration (New):		Business Registration (Old):
Tax Identification No.:		SST Registration No.:
*Address:		
Postal Code:		City:
Phone No (Home/Office):		*Mobile):
*Email Address:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female

<b>B. PRINCIPAL BANK INFORMATION.</b>		<b>*Fill out if applicant register as distributor</b>
Account Holder Name:		
Name of the Bank:		Account No.:

<b>C. SPONSOR'S INFORMATION.</b>		<b>* Not applicable for Ukon Sigma Softgels purchases below 10 boxes</b>
Full Name (as per IC/Passport):		
ID No:		Contact No:
Register the Applicant as your:		( ) A

<b>D. ENROLLER'S INFORMATION.</b>		<b>*Enroller not applicable for self-purchase</b>
Full Name (as per IC/Passport):		
ID No:		Contact No:

### E. PRODUCTS.

<b>KANGEN UKON SIGMA SOFTGELS</b>		<b>PRICE: MYR 368.00</b>
Contains of 1 Box (100 Softgels) Fish Source		

<input type="checkbox"/> QUANTITY: (Boxes)	<b>TOTAL MYR:</b>
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<b>KANGEN UKON &amp; HONEY SOAP</b>	
<input type="checkbox"/> SET DD (2 boxes   32 Bars)	<b>PRICE: MYR 3,680.00</b>
<input type="checkbox"/> SET SIGMA (6 boxes   96 Bars)	<b>PRICE: MYR 9,980.00</b>

### BOTANICAL BEVERAGE MIX TURMERIC

<input type="checkbox"/> SET DD (10 boxes   600 Tea Bags)	<b>PRICE: MYR 3,680.00</b>
<input type="checkbox"/> SET SIGMA (30 boxes   1800 Tea Bags)	<b>PRICE: MYR 9,980.00</b>

### COMBINATION SET – SOFTGELS + SOAP + BOTANICAL BEVERAGE

<b>COMBI SET DD</b>	<b>PRICE: MYR 3,680.00</b>
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- 5 boxes UKON Softgels + 1 box (16 Bars) Honey Soap
- 5 boxes of UKON Softgels + 5 boxes Botanical Beverage
- 5 boxes of Botanical Beverage + 1 box (16 Bars) Honey Soap
- 3 boxes of UKON Softgels + 2 boxes Botanical Beverage + 1 box (16 Bars) Honey Soap

COMBI SET SIGMA		PRICE: MYR 9,980.00
<input type="checkbox"/> 15 boxes UKON Softgels + 3 boxes (48 Bars) Honey Soap <input type="checkbox"/> 15 boxes UKON Softgels + 15 boxes of Botanical Beverage <input type="checkbox"/> 15 boxes Botanical Beverage + 3 boxes (48 Bars) Honey Soap <input type="checkbox"/> 10 boxes UKON Softgels + 10 boxes Botanical Beverage + 2 boxes (32 Bars) Honey Soap		
<b>F. SHIPPING DETAILS.</b>		
<input type="checkbox"/> PENINSULAR MALAYSIA <input type="checkbox"/> EAST MALAYSIA		
<b>G. UKON™ TO BE DELIVERED TO (SHIPPING RECIPIENT):</b>		
Same address as above	<input type="checkbox"/> YES <input type="checkbox"/> NO (you are required to fill up the below)	
Full Name (as per IC/Passport):		
Company Name (as per SSM):		
NRIC/Passport/Business Reg:		
Tax Identification No.:		SST Registration No.:
Address:		
Postal Code:		City:
Contact No:	Email Address:	
<b>H. PAYMENT METHODS.</b>		
<input type="checkbox"/> CHEQUE/ REMITTANCE	PBB: 3-1777-8621-4	HLB: 223-00000-162
<input type="checkbox"/> CREDIT CARD (VISA/MASTER ONLY)	<i>* Available banks and installment tenures can be viewed at: <a href="https://bit.ly/methodenamy">https://bit.ly/methodenamy</a></i> <i>* Installment scheme is applicable only for Kangen Ukon Sigma Softgels purchases with a minimum of 10 boxes or 30 boxes**</i>	
<input type="checkbox"/> Single Payment   Pay by Razorpay	<i>Please click the link below to make your payment on our e-commerce website:</i> <a href="https://shop.enagic-my.com/product-category/supplements/">https://shop.enagic-my.com/product-category/supplements/</a>	
<input type="checkbox"/> Instalment – Payex    	<i>Please click on the link below to make payment for Ukon Sigma only:</i> <a href="https://ezbeli.com.my/checkout/?add-to-cart=975607&amp;vid=MzUzNzM3">https://ezbeli.com.my/checkout/?add-to-cart=975607&amp;vid=MzUzNzM3</a>	
Tenure:		
<input type="checkbox"/> Instalment – MOTO  	Credit Card Number:	Card Holder Formal Signature:
	Expiry Date: / (MM/YY)	
Bank:	Tenure:	
<input type="checkbox"/> Instalment – Physical swipe at our office	<i>Office swipe or rent a credit card machine from finance (subject to availability)</i>	
<input type="checkbox"/> Instalment – Dreamshop <i>* Up to 24 months only</i>	<i>Please complete your online payment here: <a href="https://bit.ly/enagicdcr">https://bit.ly/enagicdcr</a></i>	
<b>NOTE:</b>		
<i>Please make sure to include the payment confirmation or proof of payment you received via email and attach it to this form during submission for verification purposes. If you have any issue with the payment, please contact us at <a href="mailto:ukon@enagic-my.com">ukon@enagic-my.com</a> or WhatsApp to +60 16-213 3733 during our working hour.</i>		
<b>I. TERMS AND CONDITIONS.</b>		
1. A minimum Penalty Fee of RM159 per case onto the request for Cancellation and Amendment for each transaction.		
<b>J. TOTAL PAYMENT.</b>		<b><i>**All prices are zero-rated of GST**</i></b>
UNIT PRICE	MYR	
STARTER KIT	MYR 50 * One-time only for NEW Distributor	

APPLICABLE STAMP DUTY	MYR 10 * per Distributor ID
TOTAL	MYR

**K. ALTERNATE PAYER SECTION (if required).**

The Payer (Name) \_\_\_\_\_ bearing the NRIC/Passport

No. \_\_\_\_\_ paying total of MYR \_\_\_\_\_ for The Applicant

(Name) \_\_\_\_\_

ALTERNATE PAYER'S SIGNATURE: \_\_\_\_\_

**L. AGREEMENTS.**

I certify that I have received a copy of and have read and understood the provisions of Enagic® (Malaysia) Sdn Bhd's **Set of Policies; Distributor Policies & Procedures, Privacy Policy, Refund Policy, Collection Policy, Commission Policy and Delivery Policy, Distributor Handbook and Frequently Asked Questions & Purchase Policies** which are published on Enagic® (Malaysia) Sdn Bhd's website; [www.enagic-my.com](http://www.enagic-my.com) . I hereby agree to be bound by Enagic® (Malaysia) Sdn Bhd's Set of Policies and Frequently Asked Questions & Purchase 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® (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 hereby acknowledge and agree to pay the applicable stamp duty of MYR 10 in full prior to the execution of this Agreement.

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: