

## ENAGIC KANGEN WATER EQUIPMENT L.L.C(License No. 784258)

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En	agic® Tel: +	971-43955011   Fax: +97143955150   What	sapp: +971547928425   Email	goc.u	ae@enagic.com	ΔΡΡΙΙ <b>Ο</b>	ATION FORM	
Customer Service Email: Cs1@enagic.ae   Cs3@enagic.ae   Cs4@enagic.ae			nagic.ae   Cs4@enagic.ae	ALLECATION				
DISTRIBUTOR ID#  FOR OFFICE USE ONLY				APPLICANT REGISTER AS:  □ DISTRIBUTOR (PLEASE PROVIDE COPY OF ID & BANK DETAILS)			RANK DETAILS)	
701101	THE OSE ONE!				USER	T(FEFIDET NOTIDE CONT OF ID a	57.1.1.1.25y	
ΔΡΡΙΙ	CANT DETAILS				<b>332</b> 11	NOTF: COLUMNS MARK	ED WITH * ARE MANDATORY	
FULL	NAME:							
*GENI	DER:	□ MALE □ FEMALE				*DATE OF BIRTH (DD/MM/YY	):	
*ID / F	PASSPORT NO.:							
*CORI	RESPONDENCE	ADDRESS:						
*CITY:	:			*COL	JNTRY:			
*PHO	NE NO.:			*E-M	IAIL ADDRESS:			
APPLI	CANT BANK IN	FORMATION (THIS SECTION IS NOT M.	ANDATORY TO BE FILLED F	FOR US	SER)			
*ACCC	OUNT HOLDER	NAME:						
*ID / F	PASSPORT NO.	OR LICENSE NO.:						
*BANI	K NAME:							
*BANI	K LOCATION:							
*IBAN	I CODE:							
*SWIF	T CODE:		*ACCOUNT NO.:					
ENRO	LLER AND REFE	RRER INFORMATION						
*ENRC	OLLER NAME:			*	'ENROLLER'S ID :			
*REFE	RRER NAME:	☐ Same as Above	( ) A RANK	*	*REFERRER'S ID :			
PROD	UCT		SERIAL NO.			UNIT P	RICE	
	SD501					AED14,	950	
	SUPER 501					AED21,		
□ JRIV				AED11,000 AED11,800				
	ANESPA DX SD501-PT					AED11,		
	3550111							
		( NO Enroller/ NO e-payment )			AED5,670			
		NO Enroller/ NO e-payment ) <b>GE</b> *CUSTOM DUTY FEES ARE NOT ADDED	0/5% VAT INCLLIDED EOD ALL	חחו גח	IIDDING CHARGES)	AED5,	880	
DITES	THE FING CHAR	COUNTRY	emGuarde/ KAN			JRIV/ SD501/ SD-PT/ K8	SUPER501	
	ALGERIA, TUNI	SIA	AED:	1,050		AED1,070	AED1,730	
		AN, KUWAIT, SAUDI ARABIA, QATAR		595		AED595	AED945	
	DJIBOUTI			1,140		AED1,180	AED1,180	
H	IRAQ			0640 1,690		AED640 AED1,690	AED990 AED3,250	
	JORDAN, LEBAI	NON		0670		AED670	AED1,010	
	MAURITANIA			1,100		AED1,175	AED2,550	
	SUDAN			1,500		AED1,580	AED2,790	
SOMALIA		AED:	AED1,550			AED3,050		
	ING DETAILS							
SHIPP	ING ADDRESS:					AWB NO.		
CITY:			COUNTRY:					
RECEIVER NAME:					PHONE NO.:			
PAYM	IENT METHOD							
**Plea	se fill out Alterna	te Payer Form if someone beside the applic	cant will be making payment.	**				
	□ CASH / RE	EMITTANCE / CHEQUE	CREDIT CARD-SINGLE					
LINUT	DRICE:	AED				FOR OFFICE O	USF ONLY	
				-		RECEIVED BY (Name):	JOL GIALI	
TOTAL		AED AED		-		(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
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REGISTRATION DATE:

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I CERTIFY THAT I UNDERSTOOD THE PROVISIONS OF ENAGIC KANGEN WATER EQUIPMENT L.L.C'S POLICIES AND PROCEDURES (ONLY FOR DISTRIBUTOR).

I HEREBY AGREE TO BE BOUND BY THE POLICIES AND PROCEDURES (ONLY FOR DISTRIBUTOR) 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'S RELATED AND/OR AFFILIATED COMPANY WITHIN UAE OR OUTSIDE UAE FOR THE PURPOSES OF PERFORMING THIS AGREEMENT.

APPLICANT'S SIGNATURE & DATE

PLEAS	E CHECK (v) ONE:
	I HEREBY GIVE MY CONSENT TO ENAGIC KANGEN WATER EQUIPMENT L.L.C TO PROCESS AND/OR USE ANY OF MY DATA AND TO RELEASE
	THE SAME TO ENAGIC KANGEN WATER EQUIPMENT L.L.C'S RELATED AND/OR AFFILIATED COMPANY, ENAGIC'S EXISTING, FUTURE BUSINESS
	PARTNERS AND/OR STRATEGIC ALLIANCES AND/OR ANY OTHER 3RD PARTY AS ENAGIC KANGEN WATER EQUIPMENT L.L.C MAY IN ITS
	ABSOLUTE DISCRETION DEEM NECESSARY OR EXPEDIENT FOR THE PURPOSE OF MARKETING AND PROMOTION OF ITS PRODUCTS AND
	SERVICES. FURTHER AND IN ADDITION THERETO, I HEREBY CONFIRM THAT NO FURTHER PERMISSION NOR CONSENT FROM ME WOULD
	BE NESSECARY OR REQUIRED IN RELATION THERETO AND THAT THIS SHALL CONSTITUTE CONSENT FOR THE PROCESSING OF MY PERSONAL
	DATA UNDER THE PERSONAL DATA PROTECTION AND ANY OTHER CONTRACTUAL CONSENT FOR SUCH DISCLOSURE OF PERSONAL DATA
	OR INFORMATION.
	I DO NOT GIVE MY CONSENT NOR AUTHORISE ENAGIC KANGEN WATER EQUIPMENT L.L.C TO PROCESS AND/OR USE ANY OF MY DATA AND
	TO RELEASE THE SAME TO IT'S RELATED AND/OR AFFILIATED COMPANY, EXISTING, FUTURE BUSINESS PARTNERS AND/OR ANY OTHER 3RD
	PARTY FOR THE PURPOSE OF MARKETING AND PROMOTION OF ITS PRODUCTS AND SERVICES.
I AM A	WARE THAT ENAGIC HAS THE RIGHT TO REJECT ANY APPLICATION WHEREBY IS INCOMPLETE AND/OR FALSIFICATION OF SIGNATURE AND/OR
INITIA	L HAS OCCURRED DURING THE SUBMISSION OF THIS PRODUCT APPLICATION FORM.
	I HEREBY ACKNOWLEDGE THAT I HAVE FULLY READ AND UNDERSTOOD THE LATEST VERSION OF THE COMPANY POLICIES AND PROCEDURES,
	AND WILL ABIDE BY ITS CLAUSES ACCORDINGLY.
	I HEREBY ACKNOWLEDGE THAT I HAVE FULLY READ AND UNDERSTOOD THE LATEST VERSION OF DISTRIBUTOR HAND BOOK, AND WILL ABIDE
	BY ITS CLAUSES ACCORDINGLY.
PLEAS	E CHECK (v):
	I HEREBY ACKNOWLEDGE THAT A FULL REFUND WILL BE GRANTED ONLY IF A PRODUCT PURCHASE HAS BEEN MADE DIRECTLY FROM ENAGIC
	DUBAI OFFICE WITHIN 14 CALENDAR DAYS FROM THE DATE IT WAS PURCHASED AND THE PRODUCT MUST BE NOT OPENED.

MACHINE PICK-UP AUTHORIZATION SECTION (IF REQUIRED)						
I, (NAME OF BUYER)	ID/PASPORT NO	AUTHORIZE				
(NAME OF PICK-UP)	ID/PASSPORT NO.	, TO PICK UP MY				
MACHINE (MODEL) FROM THE ENAGIC KANGEN WA	ATER EQUIPMENT L.L.C OFFICE ON DATE:					
I UNDERSTAND THAT THIS PERSON IS FULLY RESPONSIBLE FOR MY MACHINE FROM THE TIME IT LEAVES THE OFFICE UNTIL SUCH TIME AS I RECEIVE						
IT IN MY POSSESSION. ENAGIC WILL NOT BE HELD RESPONSIBLE FOR ANY BY DAMAGE THAT IS INCURRED UPON THE PRODUCT WHILE IN TRANSIT.						
I ALSO UNDERSTAND THAT THE RETURN POLICY TAKES EFFECT FROM THE TIME SAID MACHINE LEAVES THE OFFICE, AND NOT THE DATE IT IS						
RECEIVED BY ME, THE BUYER.						
SIGNATURE OF BUYER:		DATE:				
SIGNATURE AT PICK-UP:		DATE:				

**ENROLLER'S SIGNATURE & DATE** 

REFERRER'S SIGNATURE & DATE