

**PT. ENAGIC INDONESIA**Address: THE PLAZA OFFICE TOWER, 22ND FLOOR, JI. M.H. THAMRIN KAV. 28 – 30.

JAKARTA 10350 INDONESIA

Tel: +(62) 212992-3111

Fax: +(62) 212992-8111

Change of Address/ Bank Application

Address (BEFORE CHANGE)	
Business Partner ID:	Name:
Address:	
Tel:	Mobile:

Address (AFTER CHANGE)	
Business Partner ID:	Name:
Tel:	Fax: E-mail:
Address:	

Bank Information (AFTER CHANGE)	
Business Partner ID:	Name:
Bank Name:	Branch Code or Address of Bank:
Account Number:	
Signature:	
<p>- Please verify that all information on this request is correct and current. If you fail to legibly provide your information correctly this application will not be valid.</p> <p>- Enagic Indonesia. PT (Indonesia) will charge IDR 300.000 (Include Service tax) for this transaction.</p> <p>- Applicant must provide IC copy (Both sides) & Bank Account Copy for processing.</p> <p>- The applicant can not assign the change date, Enagic Indonesia.PT reserve the right to the explanation and decision of replacement policy here at anytime.</p>	
Signature of Applicant: _____	
Date: _____	