



PRODUCT APPLICATION FORM

BUSINESS PARTNER ID

FOR OFFICE ONLY

APPLICATION REGISTERING AS A

BUSINESS PARTNER (COPY KTP & COPY BANK STATEMENT)

MEMBER PURCHASE

USER

PRINCIPAL INFORMATION

NAME / COMPANY NAME

GENDER

ID CARD/PASSPORT NO./COMPANY NO.

DATE OF BIRTH

MALE

FEMALE

DD/MM/YYYY

ADDRESS

CITY

POSTAL CODE

STATE

PHONE NO.: HOME/OFFICE

FAX

MOBILE NO.

EMAIL ADDRESS

SPONSOR INFORMATION

SPONSOR NAME

SPONSOR ID

REGISTER THE APPLICANT AS YOUR

()A

Table with columns: PRODUCT, UNIT PRICE, SERIAL NUMBER, PRODUK, UNIT PRICE, SERIAL NUMBER. Includes items like SD 501, JR II, MEMBER, ANESPA (E8PA), SUPER 501 (E8PA), ANESPA DX, KANGEN 8, LEVELUK - R.

PAYMENT METHOD

TRANSFER

DEBIT / CREDIT CARD

AUTO DEBIT (only Bank Mandiri)

INSTALLMENT 0% Credit Card (BCA, MANDIRI, CIMB NIAGA, MAYBANK or BRI)

PICK UP AT OFFICE BY

APPLICANT

COURIER DELIVERY

OTHERS

SHIPPING DETAILS

Table with columns: PLEASE FOR DELIVERY AREA., STANDARD, PREMIUM, STANDARD, PREMIUM. Lists various regions like JABODETABEK, BANDUNG, BALIKPAPAN, etc.

ADDRESS SHIPMENT

RECEIVER :

PHONE NO. :

UNIT PRICE

Rp

SHIPPING FEE

Rp

FEE REGISTRATION

Rp 100.000,-

VAT (10%)

Rp

TOTAL

Rp

AGREEMENT

I CERTIFY THAT I HAVE BEEN FURNISHED A COPY OF HAVE READ, UNDER AGREE TO THE PROVISIONS IN ENAGIC ENAGIC INDONESIA HAS RECEIVED THE APPLICATION OF THE INDIVIDUAL/COMPANY NAMED BELOW AS A USER OR BUSINESS PARTNER. THE COMPANY PRODUCTS IN ACCORDANCE WITH THE TERMS AND CONDITIONS IN THE ENAGIC INDONESIA. THE USER OR BUSINESS PARTNER REPRESENTS AND WARRANTS THAT (MALE & FEMALE) IS OF LEGAL AGE, WHICH IS TWENTY ONE(21) YEARS OLD IN INDONESIA. AND THAT ALL INFORMATION PROVIDED TO ENAGIC IS COMPLETE AND ACCURATE. UPON SIGNING THIS APPLICATION A BUSINESS PARTNER WILL HAVE THE RIGHT TO DISTRIBUTE ENAGIC (INDONEISA) IF PRIVATE TAX NUMBER IS NOT GIVEN, INCOME TAX DEDUCTION WILL BE HIGHER APPROPRIATE WITH REGULATION OF DIRECTOR GENERAL TAXES WITH PER-32/PJ/2015 BAB VII PASAL 20 AYAT 1.

I HEREBY CONFIRM THAT I AM SUBMITTING THIS APPLICATION AS A

USER

BUSINESS PARTNER

APPLICANT'S SIGNATURE

DATE

SPONSOR SIGNATURE'S

DATE

PLEASE ENSURE YOU SUBMIT THESE DOCUMENT WITH YOUR APPLICATION

APPLICATION FORM

COPY BANK STATEMENT

COPY KTP

COPY NPWP

Customer Service signature box

Accounting signature box

Logistics Control signature box

Receiver signature box

CUSTOMER SERVICE

ACCOUNTING

LOGISTICS CONTROL

RECEIVER