



PT. ENAGIC INDONESIA
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(190/SIPT/SIURL/07/2021 *serta perubahan-perubahannya)

Product Application Form

DISTRIBUTOR ID FILL BY STAFF	
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PRODUCT PURCHASE BY: DISTRIBUTOR (Copy of KTP & Bank Account)
USER
MEMBER PURCHASE

PRINCIPAL INFORMATION

NAME / COMPANY NAME:

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GENDER:	KTP / PASSPORT NO. / COMPANY NO.:	DATE OF BIRTH
MALE		/ /
FEMALE		DD/MM/YYYY

ADDRESS:

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CITY:	POSTAL CODE:	STATE:

PHONE NO.:

HOME/OFFICE:	MOBILE NO.:	FAX:
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EMAIL ADDRESS:

SPONSOR INFORMATION

SPONSOR NAME:

SPONSOR ID:

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REGISTER THE APPLICANT AS YOUR

PURCHASE ORDER

PRODUCT	UNIT PRICE	SERIAL NUMBER	PRODUCT	UNIT PRICE	SERIAL NUMBER
SD 501	Rp 44.000.000		MEMBER	Rp 56.200.000	
JR IV	Rp 30.000.000		SUPER 501		
SD 501 - PT	Rp 47.800.000		(E8PA)		
MEMBER ANESPA	Rp 22.820.000		SUPER 501	Rp 62.400.000	
(E8PA)			ANESPA DX	Rp 32.000.000	
			KANGEN 8	Rp 58.000.000	

PAYMENT METHOD

TRANSFER AUTO DEBIT (Bank Mandiri only)
DEBIT / CREDIT CARD INSTALLMENT 0% Credit Card (BCA, MANDIRI, CIMB NIAGA)

SHIPPING FEES

Please Check With Our Customer Service Or Please Visit Our Website : <https://enagic.co.id/biaya-pengiriman/>

PLEASE MAKE SURE THE SHIPPING COST IS ACCORDING TO THE DESTINATION CITY / REGENCY ADDRESS.

SHIPMENT ADDRESS

RECEIVER :	PHONE NO:
UNIT PRICE:	SHIPPING FEE:
Rp	Rp
FEE REGISTRATION:	100.000,00
VAT 11%	TOTAL:
Rp	Rp

AGREEMENT

I AGREE THAT I HAVE RECEIVED A COPY OF THE HANDBOOK AND HAVE READ, AND AGREE TO THE TERMS OF PT. ENAGIC INDONESIA. PT ENAGIC INDONESIA HAS RECEIVED THE PRODUCT APPLICATION FORM ABOVE PAID ABOVE AS A DIRECT SELLER OR USER. COMPANY PRODUCTS ACCORDING TO THE TERMS AND CONDITIONS OF PT. ENAGIC INDONESIA. DIRECT SELLER AND USER REPRESENT AND WARRANT THAT, MAN & FEMALE INDONESIAN CITIZENS ARE AT THE AGE OF EIGHTEEN (18) YEARS OR MORE. ALL INFORMATION PROVIDED TO PT. ENAGIC INDONESIA IS COMPLETE AND ACCURATE. IF THE TAXPAYER NUMBER (NPWP) IS NOT PROVIDED, THEN INCOME TAX WILL BE HIGHER IN ACCORDANCE WITH THE DIRECTOR GENERAL OF TAXES REGULATION NUMBER PER-32/PJ/2015 CHAPTER VII ARTICLE 20 SECTION 1.

I HEREBY CONFIRM THAT I AM SUBMITTING THIS APPLICATION AS A (PLEASE ✓): USER DISTRIBUTOR
APPLICANT'S SIGNATURE: DATE: SPONSOR SIGNATURE: DATE:

PLEASE ✓ ENSURE YOU SUBMIT THESE DOCUMENT WITH YOUR APPLICATION

APPLICATION FORM	COPY OF BACK ACCOUNT	COPY OF KTP	COPY OF NPWP
CUSTOMER SERVICE	ACCOUNTING	LOGISTICS CONTROL	RECEIVER