



PT. ENAGIC INDONESIA

Sona Topas Tower 10th Floor

Jl. Jend. Sudirman Kav. 26 Jakarta 12920 - Indonesia

Tel : +6221-2506777

[190/SIPT/SIURL/07/2021]

*serta perubahan-perubahannya

Fax : +6221-2506748

PLEASE SEND YOUR APPLICATION
TO GOC.IDN@ENAGIC.COM AND

CC RESPECTIVE AREA EMAIL

PRODUCT APPLICATION FORM

| | | |
|--|----------------------------|--|
| <input type="checkbox"/> USER <input type="checkbox"/> DISTRIBUTOR (KTP & BANK ACCOUNT) | DATE: | |
| | ID NUMBER: *OFFICE USE* | |

APPLICANT INFORMATION

| | |
|--------------------------|---|
| NAME: _____ | |
| KTP / COMPANY NO.: _____ | |
| DATE OF BIRTH: _____ | GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE |
| ADDRESS: _____ | |
| CITY: _____ | POST CODE: _____ |
| PHONE NO.: _____ | MOBILE NO.: _____ |
| EMAIL ADDRESS: _____ | |

ENROLLER & SPONSOR INFORMATION

| | |
|--|----------------------|
| ENROLLER'S NAME: _____ | ENROLLER'S ID: _____ |
| SPONSOR'S NAME: _____ | SPONSOR'S ID: _____ |
| REGISTER THE APPLICANT AS YOUR: () A | |

PRODUCT SELECTION

| PRODUCT | UNIT PRICE | SERIAL NUMBER |
|------------------------------------|---------------|---------------|
| <input type="checkbox"/> SD501 | Rp 44,000,000 | |
| <input type="checkbox"/> JR IV | Rp 30,000,000 | |
| <input type="checkbox"/> SD501-PT | Rp 47,800,000 | |
| <input type="checkbox"/> SUPER 501 | Rp 62,400,000 | |
| <input type="checkbox"/> ANESPA DX | Rp 32,000,000 | |
| <input type="checkbox"/> K8 | Rp 58,000,000 | |

PAYMENT METHOD

| | | | | |
|--------------------------------|--|---|--------------------------|--------------------------|
| SINGLE PAYMENT | <input type="checkbox"/> TRANSFER | <input type="checkbox"/> CREDIT/DEBIT CARD: (<input type="checkbox"/> VISA / <input type="checkbox"/> MASTER / <input type="checkbox"/> JCB) | | |
| AUTO DEBIT (E-PAYMENT) | <input type="checkbox"/> MANDIRI 10 MONTHS | <input type="checkbox"/> MANDIRI 20 MONTHS | | |
| INSTALLMENT CREDIT CARD | | | | |
| | 6 MONTHS | 12 MONTHS | 18 MONTHS | 24 MONTHS |
| MANDIRI | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| CIMB NIAGA | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| BCA | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

TOTAL PAYMENT

| | |
|---------------------------------|------------------------|
| UNIT PRICE: Rp _____ | VAT 11 %: Rp _____ |
| REGISTRATION FEE: Rp 100,000. - | SHIPPING FEE: Rp _____ |
| TOTAL: Rp _____ | |



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| SHIPPING ADDRESS | | | |
|--|---------------------|--------------------|----------------------|
| RECEIVER: _____ | | PHONE NO.: _____ | |
| ADDRESS: _____ | | | |
| CITY: _____ | | POSTAL CODE: _____ | |
| * FOR SHIPPING FEE, PLEASE GO TO https://enagic.co.id/biaya-pengiriman/ OR CONTACT OUR CUSTOMER SERVICE TEAM * | | | |
| AGREEMENT | | | |
| <p>I AGREE THAT I HAVE RECEIVED A COPY OF BUKU PANDUAN PENJUAL LANGSUNG 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 DISTRIBUTOR OR USER. COMPANY PRODUCTS ACCORDING TO THE TERMS AND CONDITIONS OF PT. ENAGIC INDONESIA. DISTRIBUTOR AND USER REPRESENT AND WARRANT THAT MALE OR 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 REPUBLIC OF INDONESIA REGULATION NUMBER PER-32/PJ/2015 CHAPTER VII ARTICLE 20 SECTION 1.</p> | | | |
| APPLICANT'S SIGNATURE | SPONSOR'S SIGNATURE | | ENROLLER'S SIGNATURE |
| | | | |
| DATE: _____ | DATE: _____ | DATE: _____ | |
| ENROLLER TERMS AND CONDITIONS: | | | |
| 1. DIRECT SPONSOR AND ENROLLER MUST BE ON THE SAME LINE. | | | |
| 2. NOT VALID FOR <u>TOKUREI</u> , <u>E8PA CARD</u> , AND <u>SELF PURCHASE OF UKON</u> . (VALID FOR NEW UKON PURCHASE) | | | |
| 3. ENAGIC RESERVES THE RIGHT OF FINAL DECISION IN THE EVENT OF ANY DISPUTE. | | | |

| * OFFICE USE * | | | |
|---|-----------------------------------|--|------------------------------------|
| <input type="checkbox"/> APPLICATION FORM | <input type="checkbox"/> KTP COPY | <input type="checkbox"/> BANK ACCOUNT COPY | <input type="checkbox"/> NPWP COPY |
| | | | |
| CUSTOMER SERVICE | ACCOUNTING | LOGISTICS CONTROL | RECEIVER |