



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*
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APPLICANT INFORMATION

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

SPONSOR INFORMATION

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

<u>SINGLE PAYMENT</u> <input type="checkbox"/> TRANSFER <input type="checkbox"/> CREDIT/DEBIT CARD: (<input type="checkbox"/> VISA / <input type="checkbox"/> MASTER / <input type="checkbox"/> JCB)				
<u>AUTO DEBIT (E-PAYMENT)</u> <input type="checkbox"/> MANDIRI 10 MONTHS <input type="checkbox"/> MANDIRI 20 MONTHS				
<u>INSTALLMENT CREDIT CARD</u>				
	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			
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.			
APPLICANT'S SIGNATURE		SPONSOR'S SIGNATURE	
DATE: _____		DATE: _____	

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