



PT. ENAGIC INDONESIA

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Business Partner Result Table Application

Business Partner ID: _____ **Name:** _____

*With no specified period

*Within specified period (MM/DD/YY)

(/ / ~ / /)

E-mail Address: _____

Fax Number: _____

Phone Number: _____

*We only accept requests for personal result tables. Result table for anyone other than the Business Partner and his/her family are not issued.

*The application for result table is accepted by only once a month per Business Partner

*Please do not send a mailing address which is not registered with Enagic Indonesia. PT

*We will on average respond within forty eight hours.

*Please send this to your local branch.

Signature _____