UkonDD Application



240.0 - 1-1 -				
310 Sedake	DISTRIBUTOR ID	FOR OFFICE USE ONLY		
Nago, Okinawa				
905-0013, Japan				
E-mail: ukon@kangenfoods.com	I agree to receive of	communications from Enagic via e-mail		
Phone: +81-98-951-0166 Fax: +81-98-917-0597				

and SMS

Applicant's Personal Information					
Applicant Name:	UkonDD Continue ID:	Repeat time(s)			
Date of Birth: / / (DD/MM/YYYY)	Driver's Licence/Passport No.:				
Address:					
E-mail:					
Bank Name:	Tel. No. (Home):				
Branch Name:					
Account Holder's Name:					
BSB:	Tel. No. (Mobile):				
Account Number:					
Sponsor Name:	Sponsor (Machine) ID:	Register as your A			

(If this is a renewal, please write 1A)

" $\sqrt{}$ "Please put a " $\sqrt{}$ " in the box

Okinawa Kangen Foods Co. Ltd.

	Product							Vegetarian Version	
		(CAPSULES)	UKON B (TEABAGS)			UKON C (SOAP)			
Stand	ard Distributor Price	J	PY 76,000		JPY 76,	,000		JPY 76,000	
E8PA	Cardholder Price	J	JPY 68,000 JPY 68,000		000		JPY 68,000		
Shipping Cost									
UKON A (CAPSULES)			UKON B (TEABAGS)				UKON C (SOAP)		
	JPY 2,750		JPY	′ 4,65	4,650			JPY 7,300	

Payment Method:

□ VISA □ MASTERCARD

Total Amount:

Please fill up if the shipping address is different from the residential address.

Recipient's Name:	Recipient's Tel. No.:	Postcode:
Shipping Address (No P.O. Box):		

Terms and Conditions

- 1. Applicant is advised to enroll in the UkonDD program in order to receive UkonDD commission from their downline.
- 2. Applicant is advised to purchase an E8PA membership to receive E8PA Cardholder price and associated member benefits.
- 3. Both the Application form and payment of a repeated purchase must be completed within the week before the Due Date.
- 4. Repeated buying of UkonDD three times (including the first purchase) will turn an UkonDD account permanent. Applicant can receive e-mail and SMS reminders when their subscription is due to renew however it is the Distributor's responsibility to renew on time.
- 5. After termination of an UkonDD account, or if an UkonDD account has not been renewed in the last 4 months, the Applicant is not qualified to receive commission for any UkonDD from their downline.
- 6. If the Applicant stops renewing their UkonDD account and has not had a direct sale in the last 3 months, the Applicant's Special Point status will be cancelled.
- 7. Applicants who enroll as an UkonDD User are not entitled to receive any commission.
- 8. For any delivery failure caused by incorrect or incomplete shipping details, the Applicant is responsible to cover any additional shipping fees.
- 9. The recipient of an international shipment may be subject to such import fees, GST or VAT which are levied once a shipment reaches your country; additional charges for customs clearance must be borne by the recipient. Custom policies vary widely from country to country; you should contact your local customs office for further information. When customs clearance procedures are required, it can cause delays beyond our original delivery estimate.
- 10. Return Policy Okinawa Kangen Foods Co., Ltd. will replace or accept return if the products are damaged. The Applicant must return the product within seven (7) days of delivery. For any return after the 7-day period or if the product is used, we reserve the right to inquire the reasons for returning or exchanging the product, and the right to decline your request.
- 11. By purchasing an Ukon product from Okinawa Kangen Foods you are acknowledging that the purchase of said Ukon product is for your own personal use only. It is strictly against policies to sell, resell or on sell your Ukon products in any way or form.

I certify that I have read, understood and agreed to the terms and conditions set forth in the following documents which comprise of the contract, Distributor agreement, sales contract, Policies and Procedures, compensation plan and products. I am of legal age in my country. I agree that any false and misleading statement(s) may result in the termination of my Distributorship. I understand that the financial reward will come from sales of products and not by recruiting people.

Applicant Signature:

Credit Card Payment Form

Please fill in <u>"Credit Card Holder"</u> information

Name					
Address					
City		State		Postcode	
Tel. No. (Home)	()		Fax	()	
Tel. No. (Mobile)	()				
E-mail					
Product (Please Circle)	UKON A (Capsule	es) UKO	ON B (Teabag	gs)	UKON C (Soap)

Credit Card Details

Cardholder's Name:	
MasterCard / Visa	
Expiry Date /	cvv
Total Amount: JPY	Cardholder's Signature

Please fill in if the delivery address is different from above

Name								
Address								
City				State				Postcode
Tel. No. (Home)	()	-		Tel. No.	()	-
					(Mobile)			

Purchaser's Name and Distributor ID if different from the Credit Card holder

Distributor ID: