



Enagic Philippines, Inc.
16F A.T. Yuchengco Centre, 26th and
25th Streets Bonifacio Global City, Taguig
City, Philippines Tel: (632)8519-5508 Fax:
(632)8808-3885

ALTERNATE PAYER FORM

I, _____, _____ (Name of Alternate Distributor Payer and Rank),
presently residing at _____
with contact number/s _____ hereby acknowledge to pay for
the account of _____ (Distributor Name)
_____ with (Distributor ID).

Bank Details:

Bank/Branch Name:		
Account Name:		
Account Number:		
Check Numbers:	From	To
Date (mm/dd/yy):	From	To

I/We hereby authorize Enagic Philippines, Inc. to obtain for a bank reference for my/our above mentioned account and **acknowledge that the issuance of post dated checks is governed by Batas Pambansa 22 or the Bouncing Checks Law and Republic Act 4885.**

I declare that the above information is my personal information and that they are true, correct and updated. I authorized and consent Enagic Philippines, Inc. to collect information in a relation to this application.

I hereby understand that Enagic Philippines, Inc. respects and is committed to the Protection of Personal Information or Data Privacy Act of 2012 (RA 10173) and agree to terms of the Company's Data Protection/Privacy Policy posted on Enagic Philippines, Inc. official Facebook Page, <https://www.facebook.com/official.enagicphilippines/> and bulletin board.

ACCOUNT HOLDER AUTHORIZED SIGNATURE
(Signature over printed name)

DATE

I/We hereby certify that the information provided on this Alternate Payer Form is true and correct.

APPLICANT SIGNATURE
(Signature over printed name)

DATE

For6AAboveDistributor'sOnly

I, 6A above alternate distributor payer, agree to the company policy that I shall only support up to three (3) applicants/buyers. If the accounts of applicants/buyers become delinquent, I authorize Enagic Philippines. Inc., to automatically deduct the unpaid balance from my COMMISSIONS/INCENTIVES/BONUSES without prior notices.

6A ABOVE ALTERNATE PAYER SIGNATURE
(Signature over printed name)

DATE

For5ADistributor'sonly

I, 5A alternate distributor payer, agree to the company policy that I shall only support up to three (3) applicants/buyers. If the accounts of applicants/buyers become delinquent, I guarantee to pay on behalf. If in any case I will not be able to fulfil the alternate payment promise, it is agreed by my direct 6A sponsor and I that the direct 6A sponsor shall undertake the obligation. The 6A direct distributor hereby authorize Enagic Philippines. Inc., to automatically deduct the unpaid balance from my COMMISSIONS/INCENTIVES/BONUSES without prior notices.

5A ALTERNATE PAYER SIGNATURE
(Signature over printed name)

DATE

DIRECT 6A DISTRIBUTOR SIGNATURE
(Signature over printed name)

DATE