



# ENAGIC INDIA KANGEN WATER PVT. LTD.

The Millenia Tower-B 4<sup>th</sup> Floor, Unit-401, No.1^2, Murphy Road, Ulsoor, Bangalore, 560008, Karnataka, India.

## ID Card Application & Renewal Form

Complete this form if you would like to request for New or Renew your Identity Card of Enagic Independent Representative. And send it to [idcard@enagic.co.in](mailto:idcard@enagic.co.in) / 080 46509900/110/902 or courier it to Enagic Office.

<b>Applicant (IR) Name</b>	Mr/Ms. _____										
<b>IR ID Number</b>	<table border="1" style="width: 100%; height: 20px;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>										
<b>Communication Address</b>	_____ _____ City _____ State _____ PIN Code _____										
<b>Contact Details</b>	Mob No. _____ Landline _____ Fax _____ Email Id _____ Other _____										
<b>Miscellaneous Fee</b>	Rs.250/- <input type="checkbox"/> Please share payment acknowledgement with application.										
<b>ID Photo Mandatory</b>	Please share Applicant color photo with clear image <input type="checkbox"/> Soft Copy – JPEG only										
<b>Please Tick how you would like to collect your ID Card</b> 1) By Courier <input type="checkbox"/> 2) Pick-up at Office <input type="checkbox"/>											

ID Card Delivery schedule – 07 working Days after submitting Form and necessary supporting documents.

Applicant can collect Cards from Enagic Office during Office Hours 10.00Am -05PM MON –FRI

I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief. Above information is provided to use for my Margin payment purpose only.

**Applicant Signature**

\_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_\_\_

**Office Use only**

Application Received Date	: ___/___/_____	<input type="checkbox"/>
Document and Payment Completion Date	: ___/___/_____	<input type="checkbox"/>
ID card Printed Date	: ___/___/_____	<input type="checkbox"/>
Dispatch Date	: ___/___/_____	<input type="checkbox"/>
Update to Customer	: ___/___/_____	<input type="checkbox"/>

Comments (If Any)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Received By**

**Administration**

\_\_\_\_\_