ENAGIC KANGEN WATER EQUIPMENT L.L.C (License No. 784258) Office No.105, Hassanicor Building, Al Barsha First, Dubai.

Tel: +971-43955011 Fax: +97143955150 Email: cs1@enagic.ae | cs4@enagic.ae

ALTERNATE PAYER FORM

I, (Name)_____(the payer) EID/Passport No._____, am paying for_____(the applicant), in the amount of AED_____.

_____ _____/_____/_____

Alternate Payer's Signature Date (DD/MM/YYYY)

Kindly fill up the details:

Credit Card Number: XXXX - XXXX - XXXX - ☐☐☐☐

Card Type: ☐ VISA ☐ MASTER ☐ Other: _____

Installment Plan: (Yes / No)

◯ ◯

Contact Number: _____

Date	Cheque no.	Amount (AED)	Signature