



ENAGIC INDIA KANGEN WATER PVT. LTD.

The Millenia Tower-B 4th Floor, Unit-401, No.1[^]2, Murphy Road, Ulsoor, Bangalore,560008,Karnataka, India.

Alternate Payer Declaration /Authorization

I, Mr/Ms/Company _____ making payment behalf of Mr/Ms/Company _____ for the purpose of purchasing Kangen product from Enagic India Company for his /her use. The payment and my details are as below.

Payer Name	_____
Address	_____ _____ City_____ State_____ PIN/ZIP No._____
Amount	Rs._____
Payment Mode	Cheque___ NEFT___ RTGS___ DD___ Other_____
Transaction No.	Cheque / No._____
PAN Card No.	_____
Relation	With Beneficiary _____

Beneficiary Details are as below.

Name	Mr.Ms _____
Address	_____ _____
PAN Card No.	_____

Attached Herewith ``Self Attested`` – PAN Card Copy ID Copy

I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief.

Alternate Payer Signature

Beneficiary Signature

Date ___/___/_____

Date ___/___/_____