



ENAGIC KANGEN WATER EQUIPMENT L.L.C (License No. 784258)

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ALTERNATE PAYER FORM

I, (Name).....(the payer) NRIC/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 -

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Card Type: VISA MASTER Other: _____

Installment Plan: (Yes / No)

Contact Number: _____