



ENAGIC 8 PROSPERITY ASSOCIATION®

Enagic® EDUCATION FEE REIMBURSEMENT FORM

E8PA Cardholder Information			
Full Name		Rank	
ID Number		Card Type	

Student Information	
Full Name	
Relation to the Distributor	
Date of Birth	
Name of College/ University	
Major/ Degree of Study	

Payment Information			
Purpose	Date of Payment	Amount (in Currency Paid)	Reimbursement Amount
Enrollment Admission			
Tuition			
		Total Amount	

I certify that the fees indicated above have been paid as stated in the official receipts issued by the Education provider.

I hereby agree to use my E-points in amount of _____ for education fee reimbursement of _____
(Amount in Currency Paid)

_____ to be paid to _____
(Student Name) (Recipient Name and Distributor ID)

I consent to the total amount indicated above to be converted to E-points and deducted from my available E-point balance in accordance to E8PA office's rules and regulations.

Applicant's Name: _____

Applicant's Signature: _____ **Date Signed:** _____

Please send the completed application form with receipts attached to E8PA office via e-mail.
If your request involves more than one contributor, each distributor must individually complete the form.
All forms must be submitted by the reimbursement recipient at once.