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 - ☐☐☐☐

Card Type: ☐ VISA ☐ MASTER ☐ Other: _____

Installment Plan: (Yes / No)

Contact Number: _____