



**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: \_\_\_\_\_