

**Enagic Vancouver** #101-7460 Edmonds St.  
Burnaby, BC, V3N 1B2  
Tel: (604) 214-0065  
Fax: (604) 214-0067

**Enagic Toronto** #23-156 Duncan Mill Rd.  
North York, ON, M3B 3N2  
Tel: (905) 507-1200  
Fax: (416) 445-6594

www.enagic.ca



**\*MUST SELECT ONE OPTION\***

- ☐ Automatic Renewal
- ☐ One-time only (Submit a Cancellation)

**UKON Sigma Σ Order Form & Distributor Application**

Distributor ID # <do not fill in>

**New Machine/Ukon orders must be emailed to goc.can@enagic.com**

**\*Applicant Information**

Legal Name (First, Middle Initial, Last) or Company Name			Application Date:	
Driver's License #	Prov.	Date of Birth		Are you currently an Enagic Distributor? No <input type="checkbox"/> / Yes <input type="checkbox"/> Enagic ID#:
Apt# / Buzzer#	Mailing Address	City	Prov.	Postal Code
Social Insurance# or Federal Tax#	Phone Number	Cell Number		
Fax Number	Email Address			
Apt# / Buzzer#	Alternate Shipping Address	City	Prov.	Postal Code
Name of Receiver	Cell Number			

**Enroller Information \*\*\* Special required for SP status \*\*\***

Enroller name	Signature	Enroller ID Number
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**\*Sponsor Information**

Sponsor Name	<b>REGISTER THIS APPLICANT AS YOUR [ ] A</b> Under Sponsor ID Number:
Phone Number	

**\*Payment Method**

Select a Product: <input type="checkbox"/> TEA <input type="checkbox"/> TEA / SOAP	<input type="checkbox"/> SINGLE PAYMENT													
	\$2,900.00	+	\$40.00	+		= \$								
	UKON Σ Price		Shipping		GST (Others 5%)	PST(7%BC,MB 6%SK 9.975%QC)	HST(13%ON, 14%NS, 15%NB,NL,PEI)							
							<b>Total</b>							
	<input type="checkbox"/> ENAGIC PAYMENT : \$20 Installment fee plus BC TAX applicable per month													
	\$2,900.00	+	\$240.00	+	\$40.00	+		+		-	(\$220x11 11 months)	= \$		
	UKON Price		Inst. Fee		Shipping		GST (Others 5%)		PST(7%BC,MB 6%SK 9.975%QC)		HST(13%ON, 14%NS, 15%NB,NL,PEI)		Financed	Down Payment

**\*Credit Card Information**

**\*\*\*COMPLETION OF ALL OF THE FOLLOWING IS REQUIRED\*\*\***

<input type="checkbox"/> VISA	<input type="checkbox"/> MASTERCARD	<input type="checkbox"/> AMEX	<input type="checkbox"/> MEDICARD	No Diners Cards
Card Number		CVV #	Expiration Date	
Card Holder Name (Please Print)		Card Holder Signature		

**\* Please fill out Alternate Payer form if someone beside the applicant will be making down payment and/or monthly payment.**

I hereby certify that the information provided on this Payment Application is complete and accurate to the best of my knowledge. I have read and understood the Return Policy which states the procedure I must follow in order to receive any possible refund. I authorize ENAGIC CANADA CORP to debit the amount I have indicated above from my credit card. This agreement will remain in effect until the balance is paid in full. It is the responsibility of the Applicant to keep track of payments due. A \$30 Late Fee will be applied to the account every time a payment is missed. It is the responsibility of the Applicant or the Alternate Payer to inform the Company of any change in payment and/or contact information at least one (1) week prior to the payment due date. By signing the line below, you are acknowledging that you have read and understood the terms and conditions which include the Company's Policies and Procedures and Return Policy. Terms and conditions are subject to change with or without notice.

I certify that I have been furnished a copy of the Company's Policies and Procedures whose contents (including any amendments or restatements hereafter published) are incorporated by reference as if fully set forth herein. I have read and understood the aforementioned document and agree that this sets forth the exclusive terms and conditions of my agreement with the Company. I understand payment above is for an initial term of twelve (12) months. I understand my payment due date of each month will be the date I purchase this product. I authorize Enagic to automatically renew for successive twelve (12) month terms unless I submit a Cancellation Form prior to the expiration of the term. Upon renewal, I understand I will be charged the same down payment as the original purchase (plus the applicable tax for the total purchase price of \$2900 plus shipping fee \$40 and \$240.00 installment fee) for the first month, and \$220.00 for the following three (11) months unless I inform Enagic to charge \$2900.00 (plus applicable tax) as a single payment. I understand UKON Sigma will be automatically shipped to my mailing address every four (12) months, and I will be responsible for the payment of all received UKON products. **\*\*\* BC TAX Applicable on installment fee.** Enagic Canada TAX numbers: **GST** 843475351RT0001, **MB-PST** 843475351 MT0001, **BC-PST** PST10114680, **QC-PST** 1219853005TQ0001, **SK-PST** 7135320.

**\*IMPORTANT\*** All orders will be subject to a charge of **CAD\$30** for shipping fee from the second term. Customers will have 1 week from receiving renewal notification email to either pick up their products or have them shipped. Within this week all customers may opt to apply for shipping fee refund and pick up their products at the nearest branch.

Print Applicant Name	Print Sponsor Name
Applicant Signature	Sponsor Signature
Date	Date



# UKON Σ AGREEMENT FORM

## Enagic Vancouver

#101-7460 Edmonds St.  
Burnaby, BC, V3N 1B2  
Tel: (604) 214-0065  
Fax: (604) 214-0067  
vancouver@enagic.ca

## Enagic Toronto

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Tel: (905) 507-1200  
Fax: (416) 445-6594  
toronto@enagic.ca

[www.enagic.ca](http://www.enagic.ca)

We will be implementing Ukon Sigma Renew program, subject to the terms and conditions herein;

- After completing one entire term (1 year), Ukon Sigma subscription will be automatically renewed.
- A new stock of product will be shipped out to the customer upon new subscription renewal.
- If the Ukon Sigma subscription needs to be cancelled, an Ukon Sigma Cancellation Form must be submitted at least 15 days prior the Renewal Date.

KAN GEN <sup>Turmeric SIGMA</sup> UKON Σ™

Please select the type of subscription:

- ☐ One-time Only Subscription (***Please fill out a Cancellation Form***)
- ☐ Yearly Auto-Renewal Subscription

- **I certify that I have read, understood, and agreed to the terms set forth in this agreement. I further certify that**
- **I have received a copy of this agreement**

NAME \_\_\_\_\_

ID # \_\_\_\_\_ (Office use only)

SIGNATURE

DATE

**VANCOUVER BRANCH**

101 - 7460 Edmonds St.  
Burnaby, BC V3N 1B2  
T: (604) 214 0065 F: (604) 214 0067  
vancouver@enagic.com

**TORONTO BRANCH**

23 - 156 Duncan Mill Rd.  
North York, ON M3B 3N2  
T: (905) 507 1200 F: (416) 445 6594  
toronto@enagic.com

# UKON Sigma $\Sigma$

## Cancellation Request Form

I, \_\_\_\_\_, ID# \_\_\_\_\_ am hereby formally requesting the cancellation of my Kangen Ukon program. I understand that from the date this cancellation is processed, I will no longer be eligible to have my SP status continue as per the terms agreed upon in the Kangen Ukon application.

Please note:

- Your SP status will end the day you request your Kangen Ukon cancellation. (However, if you have a direct sale within 90 days of cancellation, your SP status will remain until it expires.)
- You are responsible for the payment of all received UKON products.
- You cannot sign up for any Kangen Ukon program in the future until any outstanding balance is paid in full.
- All cancellation requests must be made at least 15 business days prior to the payment withdrawal date, and a "Kangen Ukon Cancellation Request Form" must be submitted by that time.
- After cancelling your UKON subscription you will no longer be eligible to receive commissions for UKON sales.
- The machine linked to this Ukon Sigma ID number will no longer be protected which, as a result, will affect your SP Points and Ukon Commission.

Signature \_\_\_\_\_

Date \_\_\_\_\_



## ENAGIC CANADA CORPORATION

101-7460 EDMONDS ST. BURNABY BC V3N 1B2

Phone (604) 214-0065

Fax (604) 214-0067

[www.enagic.ca](http://www.enagic.ca)

The following is the information that Enagic and their distributor must provide when they make a joint election to have the Network Sellers Method apply at all times when approval have been granted by the Canada Revenue Agency ("CRA") to Enagic.

### JOINT ELECTION TO USE THE NETWORK SELLERS METHOD (NSM)

#### Information on the network seller

Business Number – 84347 5351 RT0001

Legal Name – Enagic Canada Corporation ("Enagic")

Contact Person – Gotaro Hamagawa

Title – General manager / Vice president

#### Information on the distributor

GST/HST (Business) Number (if applicable) \_\_\_\_\_ RT \_\_\_\_\_

SIN (Social Insurance) Number \_\_\_\_\_

Provincial Sales Tax Number (if applicable) \_\_\_\_\_

Complete Name (if individual) \_\_\_\_\_

Legal Name (if incorporated business) \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

Contact Person \_\_\_\_\_

Total Annual Revenues for the past 12 months from all businesses (including Enagic commissions):

☐ Under \$30,000

☐ Over \$30,000

By signing this document, we jointly elect to have the NSM rules apply to network commissions at all times when an approval granted to the network seller is in effect. We understand that this election is not valid if the application by Enagic to use the NSM is refused by CRA.

#### Certification – Enagic

We hereby certify that the information given in this election, and any document attached, is true, correct and complete to the best of our knowledge and that Gotaro Hamagawa is authorized to sign on behalf of Enagic.

Signature of authorized representative of Enagic

2 0 1 9 - 0 1 - 1 5

Gotaro Hamagawa, General manager / Vice president

Date (YYYY-MM-DD)

#### Certification – Distributor

I hereby certify that the information given in this election, and any document attached, is true, correct and complete to the best of my knowledge and that I am the distributor or I am authorized to sign on behalf of the distributor.

Signature of authorized representative of distributor

Printed name, Title

Date (YYYY-MM-DD)

# Canada Return Policy Effective January 2023



- All returns must be submitted within **15 days of receiving the product**.

## Return Policy of Unused product:

- ① All returns under this category must be in an unused condition (must not be damaged, installed or used), in the original packaging and with all warranty cards, manuals, and accessories. **Enagic Canada** reserves the right to inspect returns.
- ② The \$100 restocking fee plus tax (according to the register location) will be withdrawn from the re-credited amount.

## Return Policy of Used Product:

- ① The Cancellation fee is 15% of the unit process plus tax (according to the register location) will be charged.

Product Condition / Model		K8	SD501 PT	SD 501	JRIV	Anespa	UKON Sigma	UKON DD	Member Anespa	Member UKON DD
UNUSED	Restocking fee + Tax	\$100 + tax	\$100 + tax	\$100 + tax	\$100 + tax	\$100 + tax	\$100 + tax	\$100 + tax	\$100 + tax	\$50 + tax
	Cancellation fee + Tax	\$855 + tax	\$742.50 + tax	\$705 + tax	\$600 + tax	\$540 + tax	\$435 + tax	\$157.50 + tax	\$420 + tax	\$141 + tax
USED										

## Processing of Returns:

- Fill out the **"Return Authorization form"** and submit it to: [canada-sales@enagic.ca](mailto:canada-sales@enagic.ca)
- The purchaser is responsible for the return shipping charges.
- Shipping and Installment charges are not refundable.
- If a refund, chargeback, or cancellation is issued for an **AMEX card**, a **3.5% service fee will apply**.
- Upon receipt of your return, it will take us 5-10 business days to process your return and credit your account.
- The credit will be processed against your original form of payment.

- I certify that I have read, understood, and agreed to the terms set forth in this policy. I further certify that
- I have received a copy of this policy.

Print name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_