



## ENAGIC INDIA KANGEN WATER PVT. LTD.

The Millenia Tower-B 4<sup>th</sup> Floor, Unit-401, No.1<sup>^</sup>2, Murphy Road, Ulsoor, Bangalore,560008,Karnataka, India.

### **Alternate Payer Declaration /Authorization**

I, Mr/Ms/Company \_\_\_\_\_ making payment behalf of Mr/Ms/Company \_\_\_\_\_ for the purpose of purchasing Kangen product from Enagic India Company for his /her use. The payment and my details are as below.

<b>Payer Name</b>	_____
<b>Address</b>	_____ _____ City_____ State_____ PIN/ZIP No._____
<b>Amount</b>	Rs._____
<b>Payment Mode</b>	Cheque___ NEFT___ RTGS___ DD___ Other_____
<b>Transaction No.</b>	Cheque / No._____
<b>PAN Card No.</b>	_____
<b>Relation</b>	With Beneficiary _____

#### **Beneficiary Details are as below.**

<b>Name</b>	Mr.Ms _____
<b>Address</b>	_____ _____
<b>PAN Card No.</b>	_____

Attached Herewith ``Self Attested`` – PAN Card Copy  ID Copy

I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief.

**Alternate Payer Signature**

**Beneficiary Signature**

\_\_\_\_\_

\_\_\_\_\_

Date \_\_\_/\_\_\_/\_\_\_\_\_

Date \_\_\_/\_\_\_/\_\_\_\_\_