

Distributor Result Table Application (Geneology)



Please fill out this application in block letters
Effective 11th of October 2011

Distributor ID _____

Your Name _____

() with no specified period

() within specified period (DD/MM/YYYY)

(/ / ~ / /)

Mailing address: _____

E-Mail address: _____

Fax number: _____

Phone number: _____

Rules and Conditions:

1. We only accept requests for personal result tables. Result tables for anyone other than the distributor and his/her family are not issued.
2. The application for result table is accepted only once a month per distributor
3. Please do not send a mailing address which is not registered with Enagic Europe GmbH
4. We will on average respond within forty eight hours.
5. Please send this to your local branch

Signature _____

Date _____

Commerzbank
Name: Enagic Europe GmbH
KTO: 180321200 BLZ: 30040000

Enagic Europe GmbH
Immermannstr. 33
40210 Düsseldorf Germany

Tax-No: 133/5821/1603
Ust-ID No. DE814980514
Commercial Register :

IBAN: DE64300400000180321200
SWIFT: COBADEFFXXX

Tel +49-(0)211-936570-00
Fax +49-(0)211-936570-27
germany@enagic-europe.com

Amtsgericht Düsseldorf HRB 58900