ENAGIC 8 PROSPERITY ASSOCIATION®
EDUCATION FEE REIMBURSEMENT FORM

E8PA Member Information			
Full Name		**Rank**	
Distributor ID		**Membership Type**	

Student Information	
Full Name	
Relation to the Distributor	
Date of Birth	
Name of College/ University	
Major / Degree of Study	
Location of the University	

1. I request reimbursement for education fees I paid for myself or a family member. I acknowledge that official receipts issued under my name are attached, and the request must be submitted within **60** days of the receipt date.
2. I confirm that the university offers a bachelor's degree program, and I understand that graduate programs, online programs, and vocational schools are not eligible.
3. I understand that reimbursement is limited to my available E-Point balance, and that any amount exceeding my balance, as well as expenses outside the E8PA reimbursement scope, will not be reimbursed.
4. I understand that all fees must be paid upfront and that reimbursement is subject to final approval by the respective branch.
5. I understand that E-Points cannot be combined with those of other individuals, and that each application must be submitted individually.
6. I understand reimbursement requests must be 50,000 E-Points or more.

Payment Information			
Purpose	**Date of Payment**	**Amount (in Currency Paid)**	**Reimbursement Amount**
Enrollment Admission			
Tuition			
		Total Amount	

Please send the completed application form along with the official receipts to the branch office via email.

Signature: _____   **Application Date:** _____