



COWAY (M) SDN. BHD. (735420-H) (A.I.L.931694) (GST No. 000672153088)

Suite 6-3, Level 6, Wisma UOA II, No. 21, Jalan Pinang, 50450 Kuala Lumpur, Malaysia
T 03 2059 0000 F 03 2166 1677 Careline 1800 888 111 W www.coway.com.my

AAA2748404

Sales Order Form

Individual Corporate

Customer Particulars

Title : Tan Sri. Dato. Datin. Dr. Mr. Mrs. Ms.

Full Name as per I/C or Company Name : A . A R U M U G A M A / L A R I V A N A N D A M

NRIC (New) / Passport / Company No. : 7 2 0 1 0 6 0 7 5 2 8 5 E-mail (1):

Installation Address (Malaysia Only) : A-4-9 STARVILLE APARTMENT, UNIT 19/8^B Ada
SUBANG JAYA, SELANGOR crs 3588 Postcode 47610

Customer Contact No. : Tel (Mobile) (1) : 012 - 4110757 Tel (Residence) (1): ext. Tel (Office) (1) : 016 - 3589411 ext. Tel (Fax) (1):

Other Customer Particulars (Applicable to Individual only)

Date of Birth : 06 / 01 / 1972 Race : Malay Chinese Indian Korean Others :

Gender : Male Female

Monthly Billing Method : Default SMS send to Mobile (1) Mobile (2) : E-mail to : E-mail (1) E-mail (2) :

Additional Service Contact Person Information (Applicable to both Individual and Corporate)

please tick if contacts same as above

Second Contact Person : Tel (Mobile) (2) : Tel (Residence) (2) : Tel (Office) (2) : ext. Tel (Fax) (2) :

Corporate Customer Billing Information

please tick if same as above

Do not group billing with previous order(s) (S/B & SME) only

Billing Address : Postcode

Billing Contact Person : Tel (Office) : Department :

Monthly Billing Method : Email invoice to: Paper invoice (Only applicable to Government & Bank)
E-mail (1): Upload via Vendor / Supplier Portal Web Address (URL):
E-mail (2):

Note: Other than Government and bank, E-Invoice feature will be enrolled automatically. Please e-mail to billing@coway.com.my for any change of monthly invoice delivery mode.

Order & Payment Information

| | | | | | |
|---------------|-----|--|--|--|---|
| Product Model | Qty | <input type="checkbox"/> Outright <input type="checkbox"/> Instalment <input checked="" type="checkbox"/> Rental | Price : RM RPF : RM 100 Rental : RM 95 | <input type="checkbox"/> Cash <input type="checkbox"/> 6M <input type="checkbox"/> 12M <input type="checkbox"/> 18M <input type="checkbox"/> 24M <input type="checkbox"/> 36M | <input type="checkbox"/> Credit / Debit card <input type="checkbox"/> Advance 1 / 2 years <input type="checkbox"/> Regular (Company Only) |
|---------------|-----|--|--|--|---|

Credit Card / Debit Card Auto Debit Authorisation

I hereby authorise Coway (M) Sdn. Bhd. to charge RM per transaction to my Visa / Master Card immediately.

Card No.: Issuing Bank: Expiry Month (MM/YY): /

Signature

Third-Party Payee Payment Authorisation

I/We NRIC / Co. No. agree to be responsible as third-party payee for this order payment by charging my credit card / debit card / savings account.

A copy of IC/SSM and Credit/Debit Card/Bank Statement submitted. A copy of Direct Debit Form for charging my savings account submitted

Savings account no.: Issuing Bank:

Signature & Stamp

Promotion Code / Special Instruction: MEGA DEAL WAIVE RM100

Preferred Installation Date and Time: / : AM/PM

THIS CONTRACT IS SUBJECT TO A COOLING-OFF PERIOD OF TEN WORKING DAYS
(Installation will only be done after the cooling-off period unless customer agrees to waive this clause)

I/We confirm that the particulars stated above are accurate and true and also acknowledge that I/we have read the Terms and Conditions as set out in the reverse side of this document and hereby agree to the Terms and Conditions set out therein.

Customer Signature / Date

Internal Use

HP Name : NURABGAN BINTI ABUL RAZAK
HP Code : 532323
Mobile No. : 0196236508
TR No. :
RM : 195
Order No. :

Note: 1) Customers relieved from payment of GST under Goods and Services Tax (Relief) Order 2014 shall submit a valid certificate upon signing of this Agreement.
2) Pursuant to the Credit Reporting Agencies Act 2010 ("the Act"), I/We the undersigned to hereby give my/our consent to the registered credit reporting agency ("CRA") under the Act to disclose my/our company's credit, information and personal data to COWAY for the purposes of but not limited to, allowing COWAY to determine my/our credit standing.
3) This is a property of COWAY (M) SDN. BHD. ("COWAY") to whom it must be returned if requested or found.

ARAHAN Isikan borang dengan huruf besar dan pulangkan ke cawangan di mana akaun anda dibuka untuk pengesahan.
INSTRUCTION : Complete the form with capital letters and return to the account-holding branch for verification.

Saya / Kami dengan ini membenarkan ' Pihak Bank ' membuat bayaran bagi amaun yang dibilkn oleh **Coway (M) Sdn Bhd** melalui sistem ' Pemotongan Terus ' termasuk membuat potongan untuk bayaran perkhidmatan yang dikenakan secara mendebitkan dari akaun saya / kami.
I / We hereby authorise ' The Bank ' to make the payment for the amount billed by **Coway (M) Sdn Bhd** through the ' Direct Debit ' system including deducting the applicable service charges imposed by debiting the amount from my / our account.

BUTIR - BUTIR PEMEGANG AKAUN / PARTICULARS OF ACCOUNT - HOLDER

| | | | |
|-----------------------------|---|---|---|
| No Akaun Account No | <input type="text"/> 1 <input type="text"/> 1 <input type="text"/> 4 <input type="text"/> 2 <input type="text"/> 5 <input type="text"/> 3 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/> 2 <input type="text"/> 4 <input type="text"/> 5 <input type="text"/> 7 | No. Kad Pengenalan / Identity Card No. | <input type="text"/> 7 <input type="text"/> 2 <input type="text"/> 0 <input type="text"/> 1 <input type="text"/> 0 <input type="text"/> 6 <input type="text"/> 0 <input type="text"/> 7 <input type="text"/> 5 <input type="text"/> 2 <input type="text"/> 8 <input type="text"/> 5 |
| Nama / Name : | <u>A. ARUMUGAM A/L ARIVANANDAM</u> | | |
| Alamat / Address : | <u>A-4-9 STARVILLE APARTMENT, UJ 19/6B SUBANG JAYA, SELANGOR</u> | | |
| No. Telefon / Telephone No. | <u>012-411 0957</u> | Poskod / Postcode | <u>47610</u> |

BANK - BANK YANG DISEDIAKAN / APPOINTED BANKS



BUTIR - BUTIR PENERIMA / PARTICULAR OF RECEIVER

Sila tandakan ' X ' pada ' Pihak Bank ' akaun yang berkenaan
Please mark ' X ' for the specific ' The Bank '

- Malayan Banking Berhad
- Alliance Bank
- RHB Bank
- Bank Simpanan Nasional
- CIMB Bank

| | |
|---|--|
| Organisasi Penerima / Payee Organisation : | <u>COWAY (M) SDN BHD (Company No : 735420-H) (AJL931694)</u> <u>Suite 6-3 & 6-4, Level 6, Wisma UOA II, No. 21, Jalan Pinang, 50450 Kuala Lumpur</u> <u>Toll Free No.: 1800 888 111 Fax No.: 603-2166 1677</u> |
|---|--|

BUTIR - BUTIR BAYARAN / PAYMENT PARTICULARS

| | | | | | | | |
|--|--|---|---|---|------------|---------------|--------------|
| Tujuan bayaran / Payment Purpose : | <u>Purchase Coway Product - Rental Scheme</u> | | | | | | |
| Nama Pelanggan / Name of Customer: | <u>A. ARUMUGAM A/L ARIVANANDAM</u> | | | | | | |
| Nombor Rujukan Bayaran / Payment Reference No. | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | | | | | | |
| Had Bayaran Dibenarkan / Payment Limit (RM) | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 9 5 <input type="text"/> 0 0 or Tanpa Had / No Payment Limit <input type="checkbox"/> | | | | | | |
| Bayaran Bermula Dari / Effective Payment Date | <table border="0"> <tr> <td><input type="text"/> <input type="text"/></td> <td><input type="text"/> <input type="text"/></td> <td><input type="text"/> <input type="text"/></td> </tr> <tr> <td>Hari / Day</td> <td>Bulan / Month</td> <td>Tahun / Year</td> </tr> </table> | <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> | Hari / Day | Bulan / Month | Tahun / Year |
| <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> | | | | | |
| Hari / Day | Bulan / Month | Tahun / Year | | | | | |

PERAKUAN PEMEGANG AKAUN / DECLARATION BY ACCOUNT-HOLDER

Saya / Kami akan memastikan akaun saya / kami sentiasa mempunyai baki yang mencukupi untuk membolehkan arahan di atas dilaksanakan. Arahan ini akan berkuat kuasa sehingga dimansuhkan oleh saya / kami secara bertulis. Saya / Kami bersetuju untuk mematuhi terma dan syarat pada bahagian belakang borang ini.

I / We will ensure that my / our account has sufficient funds to enable the above instruction to be implemented. This instruction shall remain in force until it is revoked by me / us in writing. I / We agree to be bound by the Term and Conditions as specified **overleaf**.

(Handwritten signature)

Disaksikan oleh / Witnessed by

(Handwritten signature)

T/tangan Pemegang Akaun (seperti dalam rekod bank)
Signature of Account-Holder (as per Bank record)

T/tangan / Signature
Name: MUR IZAH BINTI ABDUL RAHIM
IC No: 900130 03 0476

Tarikh/Date:

T/tangan Pegawai Kaunter / Officer Signature

UNTUK KEGUNAAN BANK / FOR BANK USE ONLY

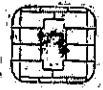
| | | |
|---------------------------------------|--|----------------------|
| KOD ORGANISASI / ORGANISATION CODE | <input type="text"/> <input type="text"/> <input type="text"/> | T/tangan / Signature |
| NO. SIRI SERIAL NO. | <input type="text"/> <input type="text"/> | |
| JENIS BAYARAN / PAYMENT TYPE | <input type="text"/> <input type="text"/> | Tarikh / Date |

Cawangan / Branch
Butir - butir pemegang akaun telah disemak dan disahkan betul oleh
Particulars of account-holder checked and confirmed by

KAD PENGENALAN
MALAYSIA
IDENTITY CARD



720106-07-5285



A. ARUMUGAM A/L ARIVANANDAM

A-4-0 STARVILLE APARTMENT
USJ 19/08
47610 SUBANG JAYA
SELANGOR

WARGANEGARA
LELAKI



Handwritten signature

KETUA PENGARAH
PENDAFTARAN NEGARA
720106-07-5285-02-01
(A2159064)

Touch
nGO

80K
chip

8K D1001264PE

Customer Name
 (Introducer)

A ARUMU GAM

SOF number


AAA 274 8404

Nickname that how your buddy address you.

| Buddy-Buddy Details | | | |
|---------------------|------------|--|---|
| 1 | Name | OTHMAN | 5 Follow-ups 1st 2nd 3rd 4th 5th |
| | | <input type="checkbox"/> Relative <input type="checkbox"/> Friend <input type="checkbox"/> Colleague | |
| | Contact(s) | 011 1313 8664 | |
| | Occupation | | |
| | Stay state | SARAWAK | |
| 2 | Name | EMY AZLIZA | 5 Follow-ups 1st 2nd 3rd 4th 5th |
| | | <input type="checkbox"/> Relative <input type="checkbox"/> Friend <input type="checkbox"/> Colleague | |
| | Contact(s) | 019 4180 123 | |
| | Occupation | | |
| | Stay state | SEL | |
| 3 | Name | SABRINA | 5 Follow-ups 1st 2nd 3rd 4th 5th |
| | | <input type="checkbox"/> Relative <input type="checkbox"/> Friend <input type="checkbox"/> Colleague | |
| | Contact(s) | 017 535 5017 | |
| | Occupation | | |
| | Stay state | KL | |
| 4 | Name | NIZAR | 5 Follow-ups 1st 2nd 3rd 4th 5th |
| | | <input type="checkbox"/> Relative <input type="checkbox"/> Friend <input type="checkbox"/> Colleague | |
| | Contact(s) | 012 2452427 | |
| | Occupation | | |
| | Stay state | KL | |
| 5 | Name | FARAHIN | 5 Follow-ups 1st 2nd 3rd 4th 5th |
| | | <input type="checkbox"/> Relative <input type="checkbox"/> Friend <input type="checkbox"/> Colleague | |
| | Contact(s) | 017 9560717 | |
| | Occupation | | |
| | Stay state | KL | |

This Buddy-Buddy Form must submit together with Sales Order Form (SOF) for complimentary discount entitlement.
 Full complimentary discount come with 5 full referral details. Disallow for partial or incomplete submission.
 For successful referral sales*: Coway shall notify customer (introducer) via letter/SMS, on introducer free gift* delivery/claim at nearest Coway office.
 Referral only valid 30 calendar days for success referral sales calculation, base on referral sales keyed in cum product installed within 30 calendar days.

* Terms & Conditions apply.

| | | |
|--|---|---|
| I hereby happily & agreed to share 5 referral contacts to Coway and send a standard text message to all above referrals. | | |
|  Customer (Introducer) Signature | Abyn Sales Person Signature (Photocopy) | Office Acknowledgement (Original copy) |
| | HP/Cody code: 532323 | |

Date : 31/5/17

To : Coway (M) Sdn.Bhd.

RE : New Terms & Conditions Acknowledgement of Mega Deal (Happy4all)

CHP-260N (Neo) CHP-590N (Harry)

New Sales Order: RAF 2748404 Existing Sales Order: _____
(SOF)

I/ We, the undersigned customer of COWAY, hereby acknowledged and agreed to convert above reference to Mega Deal Offer. I / We fully understand the eligibility requirements for participating in this program. In complying the above conversion, I / We hereby agreed as follows:

• [Filter Change Period]

| CHP260N (Neo) | | CHP 590N (Harry) | |
|----------------------|------------------|-----------------------|------------------|
| Filter | Rental Mega Deal | Filter | Mega Deal Rental |
| Neo Sense 8" | 4 months | Neo Sense 14" | 4 months |
| Coway Nanotrap™ 8" | 12 months | Coway Nanotrap™ 14" | 12 months |
| Plus-InnoSense(D) 8" | 8 months | Plus-Innosense(D) 14" | 8 months |
| Ceramic Filter | 12 months | Ceramic Filter | 12 months |

• [Minimum Contract Period]

For RENTAL customers, the minimum contract period for rental of the said Water Purifier is THREE (3) years after which it will automatically continue up to FIVE (5) years unless terminated by Customer. Early termination that do not fulfil the minimum contract period shall be charged Termination Fee.

• [Termination Fee]

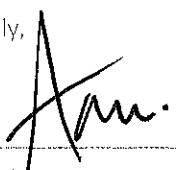
For RENTAL customers, termination fee for early termination of rental contract will be 50% of the total payment for the remaining minimum contract period.

• [Advance Payment Discount]

There will be no further discount apply for any advance Rental payment from any unit(s) which applied under this deal.

Thank you.

Yours faithfully,



Name : A. ARUMUGAM A/L ARIVANANDAM

NRIC/ Company No: 720106075285

Company Stamp: _____



COWAY (M) SDN. BHD., (735420-H) (AJL921694) (GST No. 000872153088)
 Suite 6-3, Level 6, Wisma UOA II, No. 21, Jalan Pinang, 50450 Kuala Lumpur, Malaysia
 T 03 2059 0000 F 03 2166 1677 Toll-Free 1800 888 111 W www.coway.com.my

TEMPORARY RECEIPT

TR no: **SO 3446568.**

Date : 31/5/17

| | | | | | |
|---------------------------|---|------------------|----------------|--|----------------------|
| Received From | A- ARUMUGAM A/L ARIVANANDAM | | | | RM 195 |
| The Sum of Ringgit | SATU RATUS SEMBILAN PULUH LIMA | | | | |
| Being Payment of | <input checked="" type="checkbox"/> Registration Fees | RM | 100 | <input checked="" type="checkbox"/> Cash | |
| | <input checked="" type="checkbox"/> Rental Fees | RM | 95 | <input type="checkbox"/> Cheque (Bank) | |
| | <input type="checkbox"/> Outright / Instalment | RM | | (Chq No.) | |
| | <input type="checkbox"/> Service Membership | RM | | <input type="checkbox"/> Credit Card | |
| | <input type="checkbox"/> Others | RM | | <input type="checkbox"/> Online | |
| Details | BR No. | Order No. | SOF No. | Amount | Issued By |
| | | | AAA 2748404 | RM 195 | <i>[Signature]</i> |
| | | | | RM | Member Code : 531518 |
| | | | RM | Member Name : IZZAH | |

Please ensure all information is complete and correct. An official receipt may be issued upon request.

White - Customer copy Yellow - AR Dept Copy Pink - HP/Cody Copy Blue - Record Copy

Open Interbank

Status: **Successful**
Reference number: **4194837808**
Transaction date: **31 Mar 2017 11:30:27**

Amount: **RM300.00**

From Account: **151173549419 WSA**

Beneficiary Name : **Adam**
Receiving Bank : **RHB BANK**
Beneficiary Account Number : **11401360067479**

Note: **This receipt is computer generated and no signature is required.**

