



COWAY (M) SDN. BHD. (735420-H) (AJL931694) (GST No. 006872153086)
 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 1 800 888 111 W www.coway.com.my

AAA 3480239

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 : _____

NRIC (New) / Passport / Company No. : _____ NRIC (Old) / Police ID / Army ID : _____

Installation Address (Malaysia Only) : _____
 Postcode : _____

Customer Contact No. : Tel (Mobile) (1) : _____ - _____ Tel (Residence) (1) : _____ - _____
 Tel (Office) (1) : _____ - _____ ext. _____
 Tel (Fax) (1) : _____ - _____ E-mail (1) : _____

Other Customer Particulars (Applicable to Individual only)

Date of Birth : ____ / ____ / ____ 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) : _____ - _____ ext. _____ 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 type="checkbox"/> Rental	Price : RM _____ RPF : RM _____ Rental : RM _____	<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"/> Auto / Direct Debit <input type="checkbox"/> E-Portal	<input type="checkbox"/> Credit / Debit card <input type="checkbox"/> 18M <input type="checkbox"/> 24M <input type="checkbox"/> 36M <input type="checkbox"/> Advance 1 / 2 years <input type="checkbox"/> Regular (Company Only)

Credit Card / Debit Card Auto Debit Authorisation

I hereby authorized Coway (M) Sdn. Bhd. ("Coway") to charge my debit / credit card for the amount:

Rental Processing Fee ("RPF") - RM _____ (One-time deduction upon signing of this Agreement)

Monthly Rental Fee - RM _____ (Monthly deduction until termination or expiry of this Agreement)

Card No.: _____ Issuing Bank: _____

Card Holder Name: _____ 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 : _____

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.

Internal Use

HP Name : _____
 HP Code : _____
 Mobile No. : _____
 TR No. : _____
 RM : _____
 Order No. : _____

Customer Signature / Date : _____

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.
 4) This Agreement shall supersede any and all prior written and oral agreements made prior to this Agreement. In executing this Agreement, the Customer is not relying upon any promise, representation, term or statement not embodied within this Agreement. Coway's representatives shall have no right to enter into any settlement or special agreement with the Customer other than as stated in this Agreement.

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 dibilkan oleh Coway (M) Sdn Bhd melalui sistem ' Pmotongan 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

No. Kad Pengenalan / Identity Card No.

Nama / Name : _____

Alamat / Address : _____

Poskod / Postcode _____

No. Telefon / Telephone No. _____

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 '

- | | |
|---|---|
| <input type="checkbox"/> Malayan Banking Berhad | <input type="checkbox"/> Alliance Bank |
| <input type="checkbox"/> RHB Bank | <input type="checkbox"/> Bank Simpanan Nasional |
| <input type="checkbox"/> CIMB Bank | |

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

BUTIR - BUTIR BAYARAN / PAYMENT PARTICULARS

Tujuan bayaran / Payment Purpose : Purchase Coway Product - Rental Scheme

Nama Pelanggan / Name of Customer: _____

Nombor Rujukan Bayaran / Payment Reference No.

Had Bayaran Dibenarkan / Payment Limit (RM) or Tanpa Had / No Payment Limit

Bayaran Bermula Dari / Effective Payment Date

Hari	Bulan	Tahun
Day	Month	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.

Disaksikan oleh / Witnessed by

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

Tarikh/Date: _____

T/tangan / Signature

Name: _____

IC No: _____

UNTUK KEGUNAAN BANK / FOR BANK USE ONLY

KOD ORGANISASI / ORGANISATION CODE

NO. SIRI SERIAL NO.

JENIS BAYARAN / PAYMENT TYPE

T/tangan / Signature _____

Tarikh / Date _____

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

T/tangan Pegawai Kaunter / Officer Signature _____



IMPORTANT NOTE: ALL FIELDS WITH (*) ARE MANDATORY. PLEASE USE CAPITAL LETTERS, BLACK INK AND ON THE RELEVANT BOXES.

FOR ACCOUNT HOLDER'S COMPLETION

Type of Application * New Application Maintenance Termination

Account Holder's Name (Primary) *

ID Number (without '-' or '/') * New IC Passport Old IC Business Reg.

Saving or Current Account No (without '-' or '/') *

Telephone Number Bank Abbreviation * (Refer to Guideline for abbreviation list)

E-Mail

Purpose of Payment * C O W A Y P A Y M E N T S C H E M E

Maximum amount to debit per transaction (RM)* - (Subject to maximum limit specified by the DD Operator)

Maximum frequency * 2 Mode of frequency Daily Weekly Monthly Yearly

Effective Date * (DDMMYY) Expiry Date (DDMMYY)

Declaration:

- a. I/We hereby acknowledge that the information in this form will be disclosed or released to the Corporation, Corporation's bank and the Direct Debit Operator for the purpose of the Direct Debit collection.
- b. I/We hereby acknowledge that a fee/charge will be charged to me/us in the event my/our account has insufficient balance to make Direct Debit payment instruction(s). I/We hereby agree the Bank to debit related fees/charges from my/our account as a consequence of having insufficient funds for Direct Debit payment(s).
- c. I/We hereby confirm that I/we have checked the accuracy and correctness of the details furnished by me/us in this application form and I/we are aware of the content and the scope of the services provided therein.
- d. I/We hereby declare that all information provided is to the best of my/our knowledge true and correct.
- e. I/We hereby agree to be bound by the Terms and Conditions specified in this form.
- f. This Direct Debit authorization will remain in force until terminated by I/We with prior written notice sent to Bank/Corporation.
- g. I/We hereby authorise the Bank to debit my/our account for the Direct Debit payment(s) including the relevant transaction fees/charges not payable by the Corporation.

Signature / Company Stamp* _____ Date * (DDMMYY)

Account Holder's Signatures as per Bank's record
(For Joint Account - Signature as per Bank's signing condition)

FOR CORPORATION'S COMPLETION / UNTUK DIISI OLEH SYARIKAT

Seller ID * S E 0 0 0 2 1 8 6 2 Date * (DDMMYY)

Payment Reference No. (e.g. Policy No., etc.) (Must be unique) *

NOTE : THIS SECTION/PORION IS CUSTOMIZEABLE BY CORPORATION

Prepared By (Name) : _____

Signature : _____

Company Stamp/ Logo (Optional)