



AGAPE ATP

AGAPE SUPERIOR LIVING SDN. BHD.

200301021968 (624388-V)/(AJL931478)
Lot 1605 - 1606, 16th Floor, Tower 2, Faber Towers, Jalan Desa Bahagia, Taman Desa, 58100 Kuala Lumpur, Malaysia.
Tel: + 603-2732 5716 / + 603-2732 5717 Fax: +603-7984 6160 www.agapeatp.com

Change/Add Subscription Package Form Superior Living Subscription Program

Member's Information

NAME OF APPLICANT AS PRINTED ON NRIC / PASSPORT (Please fill in BLOCK letters)

MEMBER ID NO.

CURRENT SUBSCRIBED MALAYSIA SHIPPING ADDRESS

NRIC NO.

LATEST MALAYSIA SHIPPING ADDRESS

PASSPORT NO.

MOBILE NO.

Change Of Subscription Package

CURRENT PACKAGE	BV	U/PRICE	QTY	AMOUNT (RM)	REQUEST FOR CHANGE OF PACKAGE	BV	U/PRICE	QTY	AMOUNT (RM)
<input type="checkbox"/> SUPERIOR FITNESS (Mito+ x 1, ATP4 x 1)	30	RM299			<input type="checkbox"/> SUPERIOR FITNESS (Mito+ x 1, ATP4 x 1)	30	RM299		
<input type="checkbox"/> SUPERIOR BEAUTY (Hydration Mask x 2)	30	RM299			<input type="checkbox"/> SUPERIOR BEAUTY (Hydration Mask x 2)	30	RM299		
<input type="checkbox"/> SUPERIOR ANTI-AGING (Mito+ x 4)	30	RM299			<input type="checkbox"/> SUPERIOR ANTI-AGING (Mito+ x 4)	30	RM299		
GRAND TOTAL AMOUNT (RM)					GRAND TOTAL AMOUNT (RM)				

CHANGE PACKAGE EFFECTIVE MONTH:

CHANGE PACKAGE EFFECTIVE YEAR:

Add On Subscription Package

CURRENT PACKAGE	BV	U/PRICE	QTY	AMOUNT (RM)	ADD ON PACKAGE	BV	U/PRICE	QTY	AMOUNT (RM)
<input type="checkbox"/> SUPERIOR FITNESS (Mito+ x 1, ATP4 x 1)	30	RM299			<input type="checkbox"/> SUPERIOR FITNESS (Mito+ x 1, ATP4 x 1)	30	RM299		
<input type="checkbox"/> SUPERIOR BEAUTY (Hydration Mask x 2)	30	RM299			<input type="checkbox"/> SUPERIOR BEAUTY (Hydration Mask x 2)	30	RM299		
<input type="checkbox"/> SUPERIOR ANTI-AGING (Mito+ x 4)	30	RM299			<input type="checkbox"/> SUPERIOR ANTI-AGING (Mito+ x 4)	30	RM299		
GRAND TOTAL AMOUNT (RM)					GRAND TOTAL AMOUNT (RM)				

ADD ON PACKAGE EFFECTIVE MONTH:

ADD ON PACKAGE EFFECTIVE YEAR:

Method of Payment (Required)

To protect your benefits, please provide two methods of payment. At least one method of payment is required. All methods of payment must belong to the applicant of this program.

PREFERRED FORM OF PAYMENT			
<input type="checkbox"/> VISA	<input type="checkbox"/> MASTERCARD	<input type="checkbox"/> DEBIT CARD	
BANK NAME:			EXPIRY (MM/YY)
SECONDARY FORM OF PAYMENT			
<input type="checkbox"/> VISA	<input type="checkbox"/> MASTERCARD	<input type="checkbox"/> DEBIT CARD	
BANK NAME:			EXPIRY (MM/YY)

Authorised Signature

*In the event that the preferred method of payment is not valid, AGAPE will charge based on any other valid method available in our record.

I have carefully read and agreed to the AGAPE Membership Agreement Including the "Other Terms and Conditions" at the back of this form.

NAME OF APPLICANT :	
NRIC / PASSPORT NO. :	DATE :

I may cancel this Agreement for any reason at any time by completing a Superior Living Subscription Package Program Cancellation Form. The cancellations must be notified and submitted at least 2 MONTHS in advance to AGAPE HQ. Cancellations received for the month will be effective on the following month.

Customer's Signature

(This Superior Living Subscription Package Program is not valid unless signed by the customer)

FOR OFFICE USE ONLY :

Received by:	Processed by:	Approved <input type="checkbox"/> Rejected <input type="checkbox"/>	Account Department	Reference No.
			Verified by :	
CSD	Name:	HOD - OPD		
Date :	Date :	Date :	Date :	Date of completion :

INSTRUCTIONS

1. Please read the information contained in this Superior Living Subscription Form ("Subscription Form") before you complete the Subscription Form. Please fill in all the details required in the Subscription Form failing which this subscription may be considered as null and void by the Company on its sole discretion.
2. The credit/debit card account provided in this Subscription Form shall belong to you and you are not allowed to use a third-party credit/debit card account.
3. The Terms and Conditions attached form an integral part of this Subscription Form.

TERMS AND CONDITIONS

1. In this terms and conditions:
 - a. The expression "I" refers to the individual, sole proprietorship, partnership, company or entity named in the Superior Living Subscription Form ("Subscription Form") overleaf as a Member who subscribe to the Superior Living Subscription Program ("Program")
 - b. The expression "Company " refers to AGAPE SUPERIOR LIVING SDN.BHD.
 - c. The expression "Terms and Conditions" refers to the terms and conditions in this Subscription Form.
2. I hereby acknowledge that the information in this Subscription Form will be disclosed or released to the Company and/or the Bank to allow payment to be debited from my credit/debit card to pay my subscription for Superior Living package(s) ("Payment/Deduction Instruction").
3. I have read and understand the Terms and Conditions of this Subscription Form before submitting this Subscription Form to the Company.
4. I hereby confirm that I have checked the accuracy and correctness of the details furnished by me in this Subscription Form and I am aware of the content and the scope of the Subscription Form.
5. The Payment/Deduction Instruction through this Subscription Form is to allow direct debit payment(s) to be made on my credit/debit card account based on the package(s) that I have subscribed herein.
6. I hereby authorise the Bank to debit my credit/debit card account including the relevant transaction fees/charges applicable to pay the package(s) that I have subscribed herein.
7. This Payment/Deduction Instruction shall remain in force for the period of twenty-four (24) months from the date of signing of this Subscription Form. In the event, if I proceed for an early cancellation, I shall give two (2) months written notice to the Company by submitting the Cancellation of Subscription Package Form and I hereby irrevocably allow the Company to debit my credit/debit card account during the notice period.
8. I undertake to ensure that there are sufficient funds in my credit/debit card account to meet the Payment/Deduction Instruction. If my account is overdrawn due to insufficient funds, I shall immediately make good any amount overdrawn plus any late payment interest payable thereon, upon demand by the Bank.
9. Where the total funds available in my account is insufficient to pay on all the Payment/Deduction Instruction, the Bank may in its absolute discretion has the option not to proceed with the Payment/Deduction Instruction instructed by me. In these circumstances, I acknowledge and agree that I shall be responsible to pay the any outstanding balance amount of the bill due to the Company directly. For the purpose of this Payment/Deduction Instruction, I request and authorize the Bank to re-attempt to debit the amount due from my credit/debit card account on any other date(s) subject to further instruction(s) from the Company, after I have credited sufficient amount into my credit/debit card account.
10. The Company shall not be held responsible for any claims, losses, damages, costs and expenses arising from the unsuccessful processing of the Payment/Deduction Instruction, including without limitation to, exceeding credit limit, malfunction of the system, electricity failure and/or other factors beyond the control of the Company.
11. I hereby agree that in the event if there is any problem/dispute arising from the Payment/Deduction Instruction, it shall be my responsibility to settle such a problem/dispute with the credit/debit card account provider.
12. I hereby agree to jointly and severally indemnify the Company from any claims, losses, damages, costs and expenses that the Company may suffer or incur arising from this Payment/Deduction Instruction.
13. This authorization for Payment/Deduction Instruction will remain effective notwithstanding my death or bankruptcy or dissolution or winding up or the revocation of the Payment/Deduction Instruction by any other means, until further notice of my death or bankruptcy or such revocation is received by the Company.
14. In the event, if I wish to change/replace the credit/debit card provided in this Subscription Form, I shall immediately notify the Company in writing on my intention to do the same and furnish the Company with the replacement credit/debit card details.
15. I acknowledge that the payments paid/deducted pursuant to this Subscription Form are non-refundable.
16. The Personal Data Protection Act 2010 which regulates the processing of personal data in commercial transactions, applies to this scheme.
17. I understand and hereby agree that in the event if I were to decide for an early cancellation of the Program, where my subscription period is less than ten (10) months OR cumulative bonus value is less than three hundred (300) bonus value, the Company shall have the absolute right to revert my membership account from Qualified Distributor to Qualified Member and therefore, I shall not be entitled to the Distributor Price (DP).
18. I further understand and agree that upon early cancellation of the Program, I shall not be entitled to re-join the Program for the first nine (9) months commencing from the effective date of my early cancellation.