



AGAPE SUPERIOR LIVING SDN. BHD. 200301021968 (624388-V)(AJL931478)

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Cancellation of 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.

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NRIC / PASSPORT NO.

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MOBILE NO.

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I WOULD LIKE TO CANCEL THE FOLLOWING PACKAGE (please tick where applicable)

CURRENT PACKAGE	BV	QTY	REQUEST FOR CANCEL OF PACKAGE	BV	QTY
<input type="checkbox"/> SUPERIOR FITNESS (Mito+ x 1, ATP4 x 1)	30		<input type="checkbox"/> SUPERIOR FITNESS (Mito+ x 1, ATP4 x 1)	30	
<input type="checkbox"/> SUPERIOR BEAUTY (Hydration Mask x 2)	30		<input type="checkbox"/> SUPERIOR BEAUTY (Hydration Mask x 2)	30	
<input type="checkbox"/> SUPERIOR ANTI-AGING (Mito+ x 4)	30		<input type="checkbox"/> SUPERIOR ANTI-AGING (Mito+ x 4)	30	
<input type="checkbox"/> SUPERIOR BEAUTY FIRING (BRONZE) (Hydration Mask x 1, Firming Mask x 1)	30		<input type="checkbox"/> SUPERIOR BEAUTY FIRING (BRONZE) (Hydration Mask x 1, Firming Mask x 1)	30	
<input type="checkbox"/> SUPERIOR BEAUTY BRIGHTENING (BRONZE) (Hydration Mask x 1, Whitening Mask x 1)	30		<input type="checkbox"/> SUPERIOR BEAUTY BRIGHTENING (BRONZE) (Hydration Mask x 1, Whitening Mask x 1)	30	
<input type="checkbox"/> SUPERIOR BEAUTY CLEANSING (BRONZE) (Cleanser x 1, Hydration Mask x 1)	30		<input type="checkbox"/> SUPERIOR BEAUTY CLEANSING (BRONZE) (Cleanser x 1, Hydration Mask x 1)	30	
<input type="checkbox"/> SUPERIOR STAMINA (SILVER) (Mito+ x 3, ATP1 x 1)	70		<input type="checkbox"/> SUPERIOR STAMINA (SILVER) (Mito+ x 3, ATP1 x 1)	70	
<input type="checkbox"/> SUPERIOR IMMUNITY (SILVER) (Mito+ x 3, ATP5 x 1)	70		<input type="checkbox"/> SUPERIOR IMMUNITY (SILVER) (Mito+ x 3, ATP5 x 1)	70	
<input type="checkbox"/> SUPERIOR ANTI-AGING (SILVER) (Mito+ x 1, YFA x 1, ATP4X1)	70		<input type="checkbox"/> SUPERIOR ANTI-AGING (SILVER) (Mito+ x 1, YFA x 1, ATP4X1)	70	
<input type="checkbox"/> SUPERIOR BONE & JOINT (SILVER) (Mito+ x 2, ATP3 x 2)	70		<input type="checkbox"/> SUPERIOR BONE & JOINT (SILVER) (Mito+ x 2, ATP3 x 2)	70	
<input type="checkbox"/> SUPERIOR FITNESS (SILVER) (Trim+ x 1, Mito+ x 3, ATP4 x 1)	70		<input type="checkbox"/> SUPERIOR FITNESS (SILVER) (Trim+ x 1, Mito+ x 3, ATP4 x 1)	70	
<input type="checkbox"/> SUPERIOR BEAUTY (SILVER) (HA Serum x 1, Cleanser x 1, Hydration Mask x 1)	70		<input type="checkbox"/> SUPERIOR BEAUTY (SILVER) (HA Serum x 1, Cleanser x 1, Hydration Mask x 1)	70	
CANCELLATION PACKAGE EFFECTIVE MONTH :			CANCELLATION PACKAGE EFFECTIVE YEAR :		

I hereby confirm and cancel my Superior Living Subscription Package.
The cancellation will be effective 2 months from the *effective month/year requested stated above.

Customer's Signature

NAME OF APPLICANT :

NRIC / PASSPORT NO. :

DATE :

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 of completion :
Date :	Date :	Date :		Date :	