



etiqa Takaful

BEIJING 2017
11-15/01/2017
(5DAYS 3 NIGHT)

For Office Use Only (Watakmas)

Form No : BEIJING 2017

Category : Agent
Leader * Paying Guest (Family Members Only)

RESERVATION FORM

Reply Deadline : 06 September 2016

Instructions

For enquiries and further information, please refer to the following personnel:
Office: 03-20222206 / 03-26912206 Email : watakmasbackup@gmail.com

SECTION 1 : PARTICULARS (COMPULSORY)

Leader Name (GAD/AD)

Agent's Code CSL Penta Region:

Name of Applicant (as per passport)

Agent's Code CLS Penta

NRIC No. Hp. No.

Gender Male Female

Pasport No. Expiry Date

E-mail address

Preferred Roomate

Agent's Code CLS Penta

Gender Male Female

Relationship

Please Ensure Passport is valid 6 month before travel.
Submit this completed form, copy of passport & copy of NRIC to
watakmasbackup@gmail.com, latest by 6 September 2016

Please seek a mutual agreement with your preferred roommate and submit this form together with your roommate.
If preferred roommate is not specified, the Company has the right to assign accordingly.

SECTION 2: PAYMENT DETAIL'S

Note : Payment can be made by cash or online transfer / deposit cash to WATAKMAS acc: MAYBANK Persatuan Wakil Etiqa Takaful Malaysia, 564258330827.
Please make sure Reservation Form submit together with payment bankin slip (If any).

Details	Total (RM)
Full Pakej (Adult)	1990.00
Full Pakej (Child)	1890.00 (B) 1790.00(W.B)
DEPOSIT	250.00
FULL PAYMENT	740.00
Commission Deduction	250 x 4 Month

DEPOSIT RM250	*6/9/2016
Full Payment RM740	*07/12/2016

Payment Method	Tick (/)
Deduct Commision Agent	
Deduct Commission Leader	

*For family members, full payment must be paid before on 07/12/2016

Agent Certificate:

I, as the above name, hereby authorize Etiqa Takaful Berhad to deduct my commission 4times* as my fee for participation WATAKMAS TRIP 2017

Payment Guarantee by Leaders:

I, hereby guarantee that this agent is under my agency and will be participating in the above program. If his/her (agent) commission deduction is unsuccessful, I hereby authorize Etiqa Takaful Berhad to deduct my commission as payment fee for my agent.

(Agent's Signature & Date)

(GAD / AD Signature)

Name AD/GAD :
Agent's Code CLS : Penta :
No. Tel :
Emel :

