



**ENAGIC CANADA CORP.**

**Enagic Vancouver**

#101-7460 Edmonds St.  
Burnaby, BC, V3N 1B2  
Tel: (604) 214-0065  
Fax: (604) 214-0067  
E-mail: vancouver@enagic.ca

**Enagic Toronto**

#23-156 Duncan Mill Rd.  
North York, ON, M3B 3N2  
Tel: (905) 507-1200  
Fax: (416) 445-6594  
E-mail: toronto@enagic.ca

[www.enagic.ca](http://www.enagic.ca)

The following is the information that Enagic and their distributor must provide when they make a joint election to have the Network Sellers Method apply at all times when approval have been granted by the Canada Revenue Agency ("CRA") to Enagic.

**JOINT ELECTION TO USE THE NETWORK SELLERS METHOD (NSM)**

**Information on the network seller**

Business Number – 84347 5351 RT0001  
Legal Name – Enagic Canada Corporation ("Enagic")  
Contact Person – Gotaro Hamagawa  
Title – General manager / Vice president

**Information on the distributor**

GST/HST (Business) Number (if applicable) \_\_\_\_\_ RT \_\_\_\_\_  
SIN (Social Insurance) Number \_\_\_\_\_  
Provincial Sales Tax Number (if applicable) \_\_\_\_\_  
Complete Name (if individual) \_\_\_\_\_  
Legal Name (if incorporated business) \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone Number \_\_\_\_\_  
Contact Person \_\_\_\_\_  
Total Revenues for the past twelve months from all businesses (including Enagic commissions):  
 Under \$30,000  
 Over \$30,000

By signing this document, we jointly elect to have the NSM rules apply to network commissions at all times when an approval granted to the network seller is in effect. We understand that this election is not valid if the application by Enagic to use the NSM is refused by CRA.

**Certification – Enagic**

We hereby certify that the information given in this election, and any document attached, is true, correct and complete to the best of our knowledge and that Gotaro Hamagawa is authorized to sign on behalf of Enagic.

Signature of authorized representative of Enagic

\_\_\_\_\_  
Gotaro Hamagawa, General manager / Vice president      Date (YYYY-MM-DD)  
\_\_\_\_\_  
\_\_\_\_\_

**Certification – Distributor**

I hereby certify that the information given in this election, and any document attached, is true, correct and complete to the best of my knowledge and that I am the distributor or I am authorized to sign on behalf of the distributor.

Signature of authorized representative of distributor

\_\_\_\_\_  
Printed name, Title      Date (YYYY-MM-DD)  
\_\_\_\_\_