

CUSTOMER REQUEST FOR PRODUCT REPLACEMENT ON CUSTOMER REFUND



Reliv Europe Limited, 21 Thornhill Road, Moons Moat North Industrial Estate, Redditch, Worcestershire, B98 9ND
 Tel: 01527 592878
 E-mail: euadmin@relivinc.com
 Reliv Europe Ltd. is registered in England and Wales under No. 3022070.

| | | | |
|--|-----------|------------------|-----------|
| DATE | | | |
| CUSTOMER NAME | | DISTRIBUTOR | |
| ADDRESS | | ADDRESS | |
| TOWN | | TOWN | |
| COUNTY | POST CODE | COUNTY | POST CODE |
| REQUEST REFUND FOR THE PURCHASE PRICE OF (PRODUCT) | | IN THE AMOUNT OF | |
| BRIEF EXPLANATION OF RETURN | | | |

I am returning the unused portion of the product along with my receipt to the Distributor for return to the Company as required under the unconditional 30-day product guarantee: after trying the product for _____ NUMBER OF WEEKS

£ _____ REFUND ACKNOWLEDGED IN THE AMOUNT OF _____ CUSTOMER SIGNATURE

TO RELIV: I certify that I have refunded the above stated amount to the customer. I am enclosing the customer's copy of the sales receipt along with the unused product for replacement in kind.

UK
 RELIV I.D. NUMBER _____ DISTRIBUTOR'S SIGNATURE _____ DATE _____

NOTICE TO DISTRIBUTOR:
 This form must be completely and properly filled out and signed to be returned together with the unused portion of the product along with the customer's receipt to Reliv within 30 days following refund to the customer.

COMPANY RECEIPT:
 Unused portion of product and customers retail receipt has been received by the company within 30 days following refund to customer and product has been replaced in kind:

| | | |
|---------------------------------|---------------------------|---------|
| | | |
| DESCRIPTION OF PRODUCT RELEASED | SHIPPED OUT BY | PICK UP |
| DATE | WAREHOUSE CLERK SIGNATURE | |
| DATE | WAREHOUSE CLERK SIGNATURE | |