CUSTOMER REQUEST FOR REFUND

Reliv Australia Pty Ltd and Reliv New Zealand Limited PO Box 70, Seven Hills NSW 1730, Australia

Email to aunzinquiries@relivinc.com



Name				
RCN or ID Number				
Address				
City/State				
		Mobile Number		
Request Refund for the below Products in the amoun				
Brief Explanation of Return				
Refund Amount Acknowledge	Customer	Signature		
TO RELIV: I certify that I have refunded the above stated amount the retail sale is hereby returned for replacement in ki		osing the unused portion and t	the customer's copy of	
Distributor Signature				
NOTICE TO DISTRIBUTOR: This form, completely and properly filled out and sign the customer's receipt to Reliv within 30 days followin		er with the unused portion of tl	ne product along with	
COMPANY RECEIPT: Customer Request for Refund and the customer's retacustomer and product has been replaced in kind:	il receipt has been received	by Reliv within 30 days followir	ng refund to the	
Description of Product Released	Order Number	Date	Customer Service	