

# KALOGRIS FOUNDATION ASSISTANCE REQUEST APPLICATION

Reliv Australia Pty Ltd and Reliv New Zealand Limited  
PO Box 70, Seven Hills NSW 1730, Australia  
Fax: Australia 02 9620 7600 New Zealand 61 2 9620 7600 Email: aunzinquiries@relivinc.com



## DISTRIBUTOR INFORMATION

NAME \_\_\_\_\_ RELIV ID NUMBER \_\_\_\_\_

## CANDIDATE INFORMATION

NAME \_\_\_\_\_ DATE \_\_\_\_\_

ADDRESS \* \_\_\_\_\_

CITY/STATE \_\_\_\_\_ POSTCODE \_\_\_\_\_ COUNTRY \_\_\_\_\_

EMAIL \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ MOBILE NUMBER \_\_\_\_\_

Must be a street address, cannot deliver to a Post Office Box.

### **GUIDELINES FOR CONSIDERATION**

The Kalogris Foundation was not intended to 'introduce' Reliv products to individuals but rather to help those who **have been on Reliv products** and have run into hardship. Distributors should advise the candidate that an application is being submitted. **A three month supply of two products marked below will be shipped.** This will be a One Time Only shipment. Please allow 1-2 weeks after receipt of request for order to be shipped. Due to the number of requests received, distributors are limited to two requests per year.

### What Product Is Needed:

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Reliv Nourish   | <input type="checkbox"/> Reliv FibRestore | <input type="checkbox"/> Reliv A-affect         |
| <input type="checkbox"/> Reliv Innergize | <input type="checkbox"/> Reliv ReShape    | <input type="checkbox"/> Reliv Nourish for Kids |

Please provide a brief explanation of candidate's situation:
