

PRODUCT REPLACEMENT FORM

Reliv International Sdn Bhd (564212-D) (AJL 931450)
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Distributor's Name:	Date:
RCN / Distributor's I.D. #:	Sales Invoice No:
Sponsor / Upline:	Warehouse Origin:

Product Replacement Category (please check one box only)

30 - Day Money Back Guarantee
 Quality Control Guarantee
 Termination Return Guarantee
 Others

PRODUCT RETURNED:

ITEM CODE	DESCRIPTION	QUANTITY		REMARKS
		CAN	CASE	
AS91013	Reliv Now with LunaRich® - case of 12			
AS91051	Reliv Innergize® Orange - case of 12			
AS91050	Reliv Innergize® Lemon - case of 12			
AS91062	Reliv FibRestore® - case of 6			
MY91016	Reliv Now for Kids® with LunaRich Vanilla - case of 6			
MY91017	Reliv Now for Kids® with LunaRich Chocolate - case of 6			
AS91025	Reliv Arthafect® - case of 6			
MY91027	Reliv Reversage® - case 6			

PRODUCT REPLACED:

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AS91025	Reliv Arthafect® - case of 6			
MY91027	Reliv Reversage® - case 6			

Reason for returning the product: (Please attach letter from customer with complete contact details)

Prepared by:	Approved by:
Print Name & Signature _____ Date _____	Operations Manager _____ Date _____
Note to Reliv Staff - Has this Distributor returned a product before? <input type="checkbox"/> YES <input type="checkbox"/> NO	RECEIVED PRODUCT IN GOOD ORDER & CONDITION
Please attach a copy of product replacement policy to receiving Distributor.	_____ Print Name & Signature / Date