



SCANNER QUALIFICATION REQUEST FORM

Qualifier's Name:	ID:
Sponsor's Name:	ID:
I, the undersigned, hereby submit my Scanner Q Pharmanex® BioPhotonic S3 Scanner lease upon h understand that the requirements to complete within a c	naving completed my qualification requirements.
 Be a Brand Representative Have 2,000 Consumer Group Sales Volume (CO Completed the Pharmanex Biophotonic Scanner Submit the Scanner Qualification Request form¹ 	r Task on Learning Center
The Scanner is not delivered with a mobile device. The OS 12 and above, iPhone and iPad. The S3 Scanner above, only iPad.	
Lease Holder shall bear responsibility for download a functioning mobile device in order to operate the	
After your Account Manager has confirmed ² your qualif your Scanner Lease Agreement will be sent shortly to Master Lease and License Agreement.	
Having read this Scanner Qualification Request form, I the requirements as outlined therein.	acknowledge that I understand and agree to fulfil all
(City:), (date:)	, (Signature:)

¹ The deadline for handing in the Scanner Qualification Request form is the last working day of the month when the qualification requirements are met. To be considered for the month requested, this form must be received by email by the last working day of the month.

² Please note that your allocation will be confirmed based on stock availability. Applicants with ongoing compliance cases will not be considered.

³ If you do not start your lease within this period, your Scanner allocation will be cancelled, and you will be required to qualify again.