



## SCANNER QUALIFICATION REQUEST FORM

Qualifier's Name:		เม:	
Sponsor's Name:		ID:	
Pharmanex® BioPhotonic	S3 Scanner lease upo	er Qualification Request form for consideration on having completed my qualification requirement in a calendar month are as follow:	
<ul> <li>Completed the Pha</li> </ul>	mer Group Sales Volume rmanex Biophotonic Sca ner Qualification Reque	e (CGSV) in one month anner Task in Volumes & Genealogy est form¹ to your local Market Scanner Coord	dinator
		The S3 Scanner Application 3.0 version is development Application 2.0 version is developed for OS	
Lease Holder shall bear in a functioning mobile dev		nloading the S3 Scanner Application and maintaine the Scanner.	aining
	ase Agreement will be se	ned <sup>2</sup> your qualification for a Pharmanex® BioPhoto sent shortly to you and you will have 30 days <sup>3</sup> to si	
Having read this Scanner ( the requirements as outline		rm, I acknowledge that I understand and agree to f	<sup>:</sup> ulfil all
(City:)	, (date:)	, (Signature:)	_

<sup>&</sup>lt;sup>1</sup> 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.

<sup>&</sup>lt;sup>2</sup> Please note that your allocation will be confirmed based on stock availability. Applicants with ongoing compliance cases will not be considered.

<sup>&</sup>lt;sup>3</sup> If you do not start your lease within this period, your Scanner allocation will be cancelled, and you will be required to qualify again.