



SCANNER QUALIFICATION REQUEST FORM

Qualifier's Name: _____ ID: _____

Sponsor's Name: _____ ID: _____

I, the undersigned, hereby submit my Scanner Qualification Request form for consideration of a Pharmanex® BioPhotonic S3 Scanner lease upon having completed my qualification requirements. I understand that the requirements to complete within a calendar month are as follow:

- Be a Brand Representative
- Have 3,000 Consumer Group Sales Volume (CGSV) in one month
- Completed the Pharmanex Biophotonic Scanner Task on Learning Center
- Submit the Scanner Qualification Request form¹ to your local Account Manager.

The Scanner is not delivered with a mobile device. The S3 Scanner Application 3.0 version is developed for OS 12 and above, iPhone and iPad. The S3 Scanner Application 2.0 version is developed for OS 11 and above, only iPad.

Lease Holder shall bear responsibility for downloading the S3 Scanner Application and maintaining a functioning mobile device in order to operate the Scanner.

After your Account Manager has confirmed² your qualification for a Pharmanex® BioPhotonic S3 Scanner, your Scanner Lease Agreement will be sent shortly to you and you will have 30 days³ to sign the Scanner Master Lease and License Agreement.

Having read this Scanner Qualification Request form, I acknowledge that I understand and agree to fulfil all the requirements as outlined therein.

(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.