

Withdrawal (Product Return) Form

This form can be used to indicate your desire to cancel a product order but is not obligatory. Please fill it in as may be appropriate to your case. For instructions to appropriately cancel an order and where to send the product please contact **CustomerServiceKR@IsagenixCorp.com** or contact us by phone at **080 822 0255** for assistance.

I hereby give notice that I wish to cancel my order/contract for sale of the following product(-s) (please indicate the product(-s) code, quantity and invoice number)	
Ordered on: _	
Received on:	
l am familiar v	with the consequences of the product(-s) return as described in the Isagenix Terms and Conditions.
Name of Cons	sumer/Associate:
Associate nun	nber (if applicable):
Address of Co	onsumer/Associate:
Signature of C	Consumer/Associate (only if this form is filed on paper):
Date:	
	ECTION: You do not have to tell us why you are returning any products/ withdrawing from the would be very helpful to know your reasons (please tick the appropriate box):
☐ Incorrect p	roduct
products p	assed sell-by date
□ damaged it	em(-s)/product not as described/ not satisfied with the product
□ Other (plea	se set out below)

