



COMPLIANCE EVALUATION REQUEST

Name: _____ Phone: _____
 Member ID: _____ Email: _____
 Date of Submission: _____ Signature: _____

THIS IS A REQUEST FOR THE USE OF (CHECK ONE):

- | | |
|----------------------------|--|
| Independent Website | Company provided internet ad from the Print and Media Gallery in Back Office |
| Testimonial | Independently created material (banner/pay-per-click ad/video/audio file) |
| Non-company provided sales | |

Website requesting approval:

When and where will the material/advertisement be used (if applicable)?:

INSTRUCTIONS

1. Email this document with all fields completed to ComplianceANZ@IsagenixCorp.com.
2. Include a copy of the design, advertisement, language, graphics, website, URL, etc. that you wish to have approved.
3. Upon receipt of the request, you will receive confirmation from the Isagenix Compliance Department via email or phone.
4. The request may take up to two weeks to process, so submit it well in advance of the date of the material's intended use. Note that websites and videos may take longer to review.
5. You may not begin using the website or other marketing materials until you have received written approval from the Isagenix Compliance Department.

CHECKLIST

- My ad clearly indicates I am an Isagenix Independent Associate.
- I have included the applicable/required disclaimers found in the Isagenix Policies and Procedures.
- I have received authorisation to use images and/or testimonials in my ad.
- The content in my ad does not claim to cure or treat any medical condition.
- My ad does not contain promotions that are not supported by the Isagenix Sales Team.
- My ad does not promote losing weight to gain financial benefit.
- If my ad contains a link to a website, the website has been approved by the Isagenix Compliance Department.
- My ad does not contain trademarks or copyrighted material from other companies.
- If applicable, I have consulted the policies and guidelines on internet usage.
- All materials are truthful and not misleading.

All evaluation requests are subject to approval at the sole discretion of Isagenix.
 FOR OFFICE USE ONLY

Date Received: _____ Date Completed: _____ Processed by: _____

