

Consumer's Details

Name:	SDMY ID:
Contact Num:	Email Addr:

Testimony

Product(s) taken: (from SDMY catalogue)
Period of taking the products (week/month)
Before taking the product(s), what was/were the health challenge you faced? 1) 2) 3)
After taking the product(s), what is/are the health improvement you feel? (best to support with medical report) 1) 2) 3)

Notice:

1) Consumers who have been taking our products for at least 2 consecutive months are welcomed to share their testimonials. 2 best testimonials will be selected by management on monthly basis and walk away with free gifts. The decision of the management with respect to selection of the winners, and in regard to all matters relating to this, shall be final.

2) By entering, consumers agree to the following: I hereby grant Sami Direct an unlimited license to use my name, likeness, voice or written materials in any future Sami Direct publication, advertisement or promotion. I also certify that my testimonial or endorsement of Sami Direct products is true and voluntary and provided of my own free will. I understand that I will not be entitled to receive any remuneration of any kind for the future use of my name, likeness, voice or written materials.

3) Consumers agree to abide by these rules and warrant and represent that their testimonial is authentic, unaltered and their original work, and grant to Sami Direct the right to edit, publish, promote and otherwise, use their entries, without restriction, in any and all media, for any purpose whatsoever, and without further permission, notice or compensation. All entries, and any copyrights therein, become the sole property of Sami Direct. Entries (photos, essays and/or supplemental material) will not be returned and may be used in any manner deemed appropriate by Sami Direct.

Consumer's signature:	Received by: (FOR OFFICE USE ONLY)
Date:	Date: