

Name : _____

Address : _____

Date : _____

**Person Who Incharge
Product R&D Department**

Avail Beauty Sdn Bhd,
Wisma Avail
No 23, Jalan Kenari 17E,
Bandar Puchong Jaya,
47100 Puchong,
Selangor Darul Ehsan.

Dear Sir / Madam,

RE : LETTER OF CONSENT

I, _____ I/C No: _____

hereby agree to allow AVAIL BEAUTY SDN BHD to use my testimony for sharing purpose.

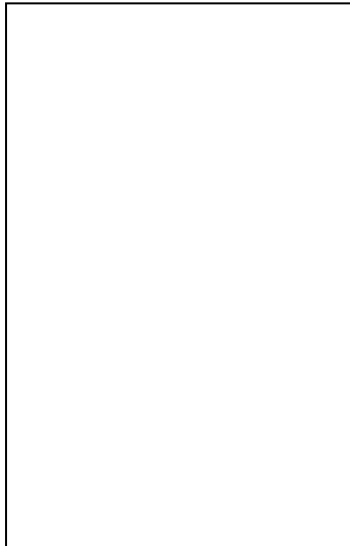
I thank the company for choosing my testimony and looking forward to helping others with my experience.

Thank you for inviting me to form a "mutual partnership" with AVAIL.

Yours Truly,

()

Testimony Form



Name / Nama / 姓名 : _____

Age / Umur / 年齡 : _____

Gender / Jantina / 性別 : _____

Address / Alamat / 地址 : _____

Tel No. / No. Tel / 電話 : _____

Testimony / 產品見證 :

Signature / Tandatangan / 簽名

Date / Tarikh / 日期