

This form is required when any business entity applies to become a dōTERRA Wellness Advocate. Please complete this form and return it with all other requested materials at the bottom of this form to the dōTERRA Head Office for acceptance and approval. All persons having legal or beneficial interest (e.g. officers, presidents, directors, shareholders) should be identified. You may submit as many addendum's as are necessary to complete. If any information changes, including any organising documents, dōTERRA must be notified in writing and provided copies of relevant documents within thirty (30) days of the change to avoid a material breach of your Wellness Advocate Agreement. This addendum binds all persons having a beneficial interest in the applicant company by the dōTERRA Wellness Advocate Agreement and Policy Manual.

BUSINESS NAME

ABN/NZBN NUMBER

NAME

DATE OF BIRTH

POSITION / TITLE IN BUSINESS

PHONE

EMAIL

FAX

SIGNATURE*

DATE

NAME

DATE OF BIRTH

POSITION / TITLE IN BUSINESS

PHONE

EMAIL

FAX

SIGNATURE*

DATE

NAME

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SIGNATURE*

DATE

*Please note in order for this form to be submitted successfully it requires a handwritten signature. Please sign where indicated, print, scan and email the document to australia@doterra.com

REQUIRED DOCUMENTS: PLEASE SUBMIT ALONG WITH YOUR COMPLETED WELLNESS ADVOCATE FORM

Completed Wellness Advocate Agreement Form This AU/NZ Business Application Addendum

please send all forms to dataentry@doterra.com