



## MEMO

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**FROM: THE MANAGEMENT**  
**TO: DISTRIBUTORS AND STAFF**  
**DATE: 4<sup>TH</sup> DECEMBER 2023**  
**SUBJECT: NOTICE OF CHANGE OF APPLICATION FORM AND UPGRADE OF THE DISTRIBUTION AGREEMENT**

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Dear All,

In order to serve her distributors better, the Company has upgraded its Application Form. The new version of the Application Form will now come in three (3) copies instead of four (4); the Green Copy (Warehouse Copy) has been removed from the new version of the Application Form and each Copy of the Application Form should be used in line with its stated purpose.

The Distribution Agreement has also been reviewed and upgraded to protect the interest of all distributors.

Kindly be informed that starting from the next batch of Application Form, the upgraded Distribution Agreement will be attached to the Application Form and the aforementioned changes will take effect.

Please note that the upgraded Distribution Agreement shall supersede all other previous Distribution Agreement between KEDI Healthcare and all distributors and it shall also be binding on both old and new distributors.

A handwritten signature in black ink, appearing to read "Angela L".

**SIGNED BY THE MANAGEMENT**