

Please complete the following information which is required in order to be eligible to complete for TAB Team Production Bonuses and other payments from Herbalife. This application must be received and approved by Herbalife before any TAB Team Production Bonuses are paid. The TAB Team Bonus is only available to fully qualified TAB Team who comply with the terms and conditions in this Agreement.

Personal Information (please print)			
Herbalife ID Number			
Associate's Surname First Name Middle name			
Address			
Address			
City /State			
Country Code Area Code / Day Phone Area Code / Evening Phone Area Code / Fax			

Agreement

1. In order to qualify to receive the TAB Team Production Bonus, and to protect the integrity and loyalty of the Herbalife international business I agree that:

A. I have been and will remain in full compliance with all Herbalife rules and the laws of all countries in which I do business. Specifically, I pledge not to make medical claims, or overstate earnings claims and to abide by all legal and tax requirement.

- B. I understand that participation in the TAB Team Production Bonus programme is a privilege and also it rests upon the responsibility of leadership to train and teach the Herbalife Business and Philosophy.
- C. I am not actively participating in any other multi-level or direct sales company at this time and will not join another multi-level or direct sales company while participating in the Production Bonus Programme.
- I cannot recruit any Herbalife Associate in any way through any entity (whether my own or someone else's) to join any other direct sales or multi-level marketing company.
 I understand that the above prohibition (1D) includes my spouse/Life Partner and me, acting directly through any company or entity which I or my spouse/Life
- 2.1 understand that the above prohibition (1D) includes my spouse/Life Partner and me, acting directly through any company or entity which I or my spouse/Life Partner may control or in which either of us have an interest.

3. I understand and agree that I am not allowed to conduct business in any country where Herbalife is not yet officially opened.

4. I understand and agree that if I violate any of the rules listed above, Herbalife has the right not to pay me the TAB Team Production Bonus and not to pay me any other monies for which I may be otherwise qualified, and it may terminate my Associateship in its sole discretion.

5. I understand that TAB team programme is at the sole discretion of Herbalife and that its bonus is discretionary and will be based on my contribution to the growth of the entire company and my participation in training others on the business and in the rules and regulations which must be abided by

By signing this form, I acknowledge and consent that Herbalife International India Private Limited ("Herbalife") will collect and process my personal data, including sensitive personal data, provided in this form for the purposes of fulfilling its legal and contractual requirements, processing my request, and other business purposes in accordance with applicable data protection laws and the Herbalife privacy policy (available at https://www.herbalife.co.in/privacy-policy). I have read and understood the privacy policy and understand that Herbalife will retain my personal data for as long as necessary for the purposes for which it was collected, or as long as required by law. I consent that Herbalife may share my data with Herbalife International of America Inc. and its affiliates, subsidiaries, related parties, or associates. Herbalife.com/ed/en-IN/pages/DocumentsAndPolicies/Policies.html). I consent that my personal data may be transferred or shared outside of India and that Herbalife has put in place mechanisms to reasonably ensure that my personal data shared with Herbalife subsidiaries outside of India are secure at all times and processed in accordance with the laws in India. I understand that I have various rights in respect to my personal data collected by Herbalife, such as a right to request access to my personal data, to amend or update inaccurate or incomplete personal information and request that Herbalife no longer use my personal data. I may email privacy@herbalife.com or call Associate Services at 91 80 403 11444 to make such a request. I understand that these rights are subject to limitations set out in applicable law.

Agreed:		For Office Use Only
Associate's Signature:	// Date	
Spouse/Life Partner's Signature:	////////	