



Nutrition Club Registration Form – India

WHO NEEDS TO SUBMIT A REGISTRATION FORM?

Associates operating a Nutrition Club are required to submit a *Registration Form* to Herbalife prior to the official opening date of their Nutrition Club.

Associates may not open a Nutrition Club in a non-residential location or sign a lease for the purposes of a Nutrition Club unless they have been an Herbalife Associate for at least 180 days. Also, prospective Nutrition Club operators must have completed the process required by Herbalife as to site location and proposed signage, training and other matters as outlined in the *Nutrition Club Rules*.

WHY DO I NEED TO SUBMIT A REGISTRATION FORM?

Submitting your *Registration Form* will help you stay connected with the latest news and updates on Nutrition Club trainings and promotions. This Registration process will ensure that the required Nutrition Club Operator training has been completed and that the proposed name, signage, window and door covering ideas you have for your Nutrition Club have been reviewed prior to your opening date. This will avoid additional costs for materials produced that are not in compliance. **As stated in Herbalife *Club Rules*, a Nutrition Club is not a franchise, restaurant, café, or retail location.**

DO I NEED TO SUBMIT ADDITIONAL INFORMATION WITH MY REGISTRATION FORM?

Yes. Please submit the following with your completed Registration Form:

For a planned Nutrition Club located in a non-residential location:

- Photo of each exterior sign.
- Photo of each window and door covering (curtain or shade). Information on approved window coverings can be found on myherbalife.com under Nutrition Club area of the site.
- A brief description, including the dimensions, locations and the number of signs and window and door coverings needed.

For an existing Nutrition Club located in a non-residential location:

- Photos of each exterior sign.
- Photos of each window and door covering (curtain or shade).
- A brief description, including the dimensions, locations and the number of signs and window and door coverings needed.
- An overall photo that captures the entire exterior of the Nutrition Club signage or message visible to passers-by.

PRIMARY NUTRITION CLUB OPERATOR

Only one Operator is responsible for submitting a Nutrition Club *Registration Form*. This Operator is considered the **Primary Nutrition Club Operator**.

Secondary Club Operators (if any) may be listed on the *Registration Form*.

WHERE DO I SUBMIT MY REGISTRATION FORM AND ADDITIONAL INFORMATION?

For your convenience, there are three (3) simple ways to submit your Registration Form and the additional information required:

1. **Online:** Go to <https://www.myherbalife.com> and login > Quick Links > select “Register your Nutrition Club”
2. **Mail:** Herbalife International India Pvt. Ltd.
RMZ Pinnacle, No. 15, Commissariat Road, Bangalore – 560 025, Karnataka, India
3. **Fax:** +91 (0) 80 40311445/446. Photographs must be sent via email or mail. Please do not submit photographs by fax.



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PRIMARY (MAIN) NUTRITION CLUB OPERATOR'S INFORMATION:

Last Name:

First Name:

Primary Associate ID#:

Team Level:

Club type: Residential Non-Residential

Club Address:

Non-Residential Sub-type: Commercial Central

City:

Primary language spoken in club: English Hindi Other

State:

The Club is: Existing **OR** Planned

Zip:

Date of Opening or estimated opening:

Main contact number:

Club Name: Proposed Club name:

Alternate contact number:

OR I do not have a Club name

Email:

I previously submitted this form, but have an update/change to my Nutrition Club name, signage and/or window coverings.

Website:

I am closing or have closed my Nutrition Club.

Seating Capacity:

Date of closure:

Average daily consumptions/attendees expected:

I wish to change Primary Operator to ID #:

What percentage of your business will you expect to come from the Club?

New Primary Operator Name:

For changes to the Primary Operator, both Current and New Operator must sign this form.

Did you receive any training to open/operate a Nutrition Club?

For marketing purposes, select Business Methods conducted a this Club:

I was trained in my Upline's Nutrition Club
Date: **Upline Name:**

- Road Shows
- Wellness Camp
- Healthy Active Lifestyle Activity
- Other

I participated in an Herbalife Independent Associate Nutrition Club Training
Date: **Event Name/Location:**

I participated in an Herbalife Corporate Nutrition Club Training Event
Date: **Event Name/Location:**

I did not receive training

Club hours of Operation:

Club is open all day Monday – Friday from to
OR daily hours of operation: Morning: to |
Afternoon: to | Evening: to

Number of additional Operators who operate the Club?

Club is open all day Saturday from to
OR daily hours of operation: Morning: to |
Afternoon: to | Evening: to

Additional Club Operator information

Operator name:

Club is open all day Sunday from to
OR daily hours of operation: Morning: to |
Afternoon: to | Evening: to

Operator ID#:

Team level:

Operator name:

Comments:

Operator ID#:

Team level:

If sharing your Club with more than two (2) other Operators, submit the details requested on a separate page



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I acknowledge that I have reviewed and understand Herbalife's Rules of Conduct, which include Nutrition Club Rules.

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 may also share my data with third parties pursuant to the Privacy Policy and the Rules of Conduct and Nutrition Club Rules (available at <https://www.myherbalife.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.

Please be aware that an incomplete form may delay the signage, window and door covering confirmation process of your Nutrition Club. Failure to submit a Registration Form to Herbalife may result in sanctions to your Associateship.

Current Primary Operator Signature: Date:

*New Primary Operator Signature: Date: