

RETAIL ORDER FORM

Herbalife Nutrition Independent Associate (Seller)

Associate Name: _____
 Associate ID No.: _____
 Address: _____
 Address: _____
 City: _____ State: _____
 Pin Code: _____ Telephone/Mobile No.: _____
 GST registration number: _____
 Email: _____

CUSTOMER (Buyer)

Name: _____
 Address: _____
 Address: _____
 City: _____ State: _____
 Pin Code: _____ Telephone/Mobile No.: _____
 GST registration number: _____
 Email: _____

Quantity	Product Description [*]	Price per unit	Total
DELIVERY within days of your order			
The products will be: <input type="checkbox"/> delivered by post/courier <input type="checkbox"/> directly delivered by seller <input type="checkbox"/> collected from your Herbalife Nutrition Independent Associate at: _____ Time & Place for product sampling: _____ _____		Payment method type: <input type="checkbox"/> Cash <input type="checkbox"/> Card <input type="checkbox"/> Other (e.g. UPI, Instalments, etc.) ** _____ _____ _____	Freight / Postage (if applicable) Tax at ___ % *** [IGST/CGST-SGST] TOTAL Payment with order directly to the Seller. Your contract of sale is with your Herbalife Nutrition Independent Associate who is an independent seller of Herbalife Nutrition products and is not an agent of Herbalife Nutrition.

* Country of origin of goods – India

** Independent Associate to specify payment terms.

***Associates are required to raise a tax invoice under the GST law, if applicable

Seller identity proof was shown for verification - ☐ Yes ☐ No

Date & Place: _____

Customer's Signature / Thumb impression

HERBALIFE NUTRITION REFUND POLICY

Herbalife Nutrition (Herbalife International India Pvt. Ltd., RMZ Pinnacle, No. 15, Commissariat Road, Bangalore – 560 025) offers an exchange or a full refund. Simply request a full refund of the purchase price or a full credit note towards the purchase of another Herbalife Nutrition product or products from your Herbalife Nutrition Independent Associate within 30 days from your receipt of the product, return the unused portion of the product along with the copy of the Retail Order Form – Receipt to the Herbalife Nutrition Independent Associate named on the top of this form.

LEGAL RIGHT OF CANCELLATION

In case of a delay in product delivery from the timeline offered during the sale, Herbalife Nutrition Independent Associate has to honor the customer's request for order cancellation and refund the payment made by the customer as per agreed terms during the sale.

TOTAL SATISFACTION

Herbalife Nutrition is sure you will have total satisfaction from your purchase. However, if any reason, you are not totally satisfied, contact your Herbalife Nutrition Independent Associate.

If still not satisfied, contact Herbalife International India Pvt. Ltd., RMZ Pinnacle, No. 15, Commissariat Road, Bangalore – 560 025, Karnataka, India, Phone: +91 80 40311444.

Any consumer who is still not satisfied may write to us at writetous@herbalife.com.

FREE DEMONSTRATION

PLEASE ARRANGE TO GIVE A FREE HOME DELIVERY

Name: _____

Address: _____

Address: _____

City: _____ State: _____

Pin Code: _____ Telephone: _____

Name: _____

Address: _____

Address: _____

City: _____ State: _____

Pin Code: _____ Telephone: _____

I UNDERSTAND THAT THIS ORDER MAY BE CONSIDERED AS AN INVITATION TO CALL UPON ME FROM TIME TO TIME, WITH THE UNDERSTANDING THAT I WILL UNDER NO OBLIGATION TO BUY.

PRIVACY NOTICE

By signing this form, I consent that you, the associate, may collect and process my personal data, including sensitive personal data, provided by me in this form in accordance with applicable data protection laws and as set forth in the associate's privacy policy, which I have read and understood, and which forms an integral part hereof. I consent to the sharing of my personal data in this form with Herbalife Nutrition. This personal data should not be used for any purposes other than to process my order, meet legal or contractual obligations, develop the business relationship between me and the associate, and to allow the associate to contact me with recommended programs and products. I understand that my personal data may be retained for as long as necessary to fulfill these purposes. I understand that I may at any time withdraw my consent by a written request to the associate that collected my data. I understand that I have the right to access, to update and make corrections to my personal data. I may contact the associate directly to make such a request.

I understand that Herbalife Nutrition shall not be liable in any manner whatsoever for any breach of data protection vis a vis my personal data collected by the associate.

Date & Place: _____

Customer's Signature / Thumb impression