

Business Entity Form Australia & New Zealand

Nu Skin Enterprises Australia, Inc. (ABN 90 057 203 531) 2/2 Eden Park Drive, Macquarie Park, NSW, 2113
Phone: (02) 9491 0900 **Email:** dsaustalia@nuskin.com **Website:** www.nuskin.com.au

Nu Skin Enterprises New Zealand, Inc. PO Box 107145, Auckland Airport, Manukau 2150 **Phone:** (649) 254 4180
Website: www.nuskin.co.nz

☐ NEW BRAND AFFILIATE

☐ AMENDED BRAND AFFILIATE ACCOUNT

BRAND AFFILIATE ID: _____

If a Business Entity is applying to become a Brand Affiliate, then this form must be completed and signed by each Participant in the Business Entity. Participants in the Business Entity refers to shareholders, director, officer, member and partner of the Business Entity or person who has a beneficial interest in the Business Entity. The Business Entity Form supplements the Brand Affiliate Agreement. Nu Skin reserves the right to request for any documentations including the latest copy of the Business Entity's company extract issued by Australian Securities and Investments Commissions or New Zealand Companies Office.

PLEASE RETURN THE COMPLETED FORM BY EMAIL OR MAIL TO:

Nu Skin Enterprises Australia, Inc | PO Box 116 Macquarie Park, BC NSW 1670 | **Email:** dsaustalia@nuskin.com

Nu Skin Enterprises New Zealand, Inc | PO Box 107145 Auckland Airport, Manukau 2150 | **Email:** dsnewzealand@nuskin.com

PLEASE TYPE OR WRITE CLEARLY THE FOLLOWING INFORMATION

APPLICATION BY BUSINESS ENTITY

AUSTRALIAN BUSINESS NUMBER (ABN): - - -

AUSTRALIAN COMPANY NUMBER (ACN): - -

AUSTRALIAN REGISTERED BODY NUMBER (ABRN): - -

GST REGISTERED ☐ YES ☐ NO IF YES, email dsaustalia@nuskin.com to request a Recipient Created Tax Invoice (RCTI) Agreement.

NEW ZEALAND BUSINESS GST NUMBER: - -

PLEASE MARK ONE OF THE BOXES BELOW:

☐ CORPORATION

☐ PARTNERSHIP

☐ OTHERS (please describe)

FULL NAME OF THE BUSINESS ENTITY (To appear on all correspondence):
(Bonuses, if any, will be issued in the name of and paid to the Business Entity ONLY)

MAILING ADDRESS: _____

DAYTIME TELEPHONE: _____

SPONSOR'S NAME: _____

SPONSOR'S ID NUMBER: _____ SPONSOR'S TELEPHONE: _____

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AUTHORISED REPRESENTATIVE OF BUSINESS ENTITY

TITLE: _____ FIRST NAME: _____ MIDDLE NAME: _____
LAST NAME: _____ DATE OF BIRTH: _____
EMAIL ADDRESS: _____ TELEPHONE: _____
MAILING ADDRESS: _____

SIGNATURE: _____ DATE: _____

By signing below, each of the signing parties represents and agrees as follows: (a) the persons identified below constitute all of the Participants in the Business Entity/Brand Affiliate Account, (b) the information regarding each of the Participants is accurate and complete, (c) he or she has received copies of the Brand Affiliate Agreement, the Policies and Procedures, and the other contract documents, (d) as a condition to Nu Skin accepting the Brand Affiliate Agreement of the Business Entity and allowing the signing party to participate in the Brand Affiliate Account, acknowledges and agrees that he or she is bound by, and shall comply with, the Policies and Procedures of Nu Skin, including the arbitration, non-solicitation, exclusivity and other restrictive covenants set forth therein, (e) the person designated above as the Authorised Representative is the sole individual authorised to take any action on behalf of the Business Entity with respect to the Brand Affiliate Agreement (including the execution of any such agreements) or any other matter relating to Nu Skin, and that Nu Skin shall be entitled to rely on the authority and instructions of the Authorised Representative with respect to all matters pertaining to the Brand Affiliate Agreement (including amounts payable to the Business Entity thereunder) or Nu Skin, until such time as Nu Skin may receive documentation (such as certified resolutions of the board of directors or other governing body of the Business Entity) satisfactory to Nu Skin expressly revoking such authority of the Authorised Representative and appointing a new Authorised Representative, (f) upon acceptance by Nu Skin of the Brand Affiliate Agreement, the Business Entity will become a Nu Skin Brand Affiliate and all commission or other benefits generated by or attributable to the efforts of the undersigned that in any way relate to Nu Skin or its products shall accrue to the sole benefit of the Business Entity, and the undersigned in their individual capacity shall have no claim against Nu Skin with respect to such commissions or other benefits.

By signing this form, I agree that Nu Skin Enterprises Australia, Inc., Nu Skin Enterprises New Zealand, Inc. and their affiliated companies (collectively, "Nu Skin") may collect, use, process and disclose my personal information given in this form for the purpose of administration in relation to the matters referred to herein. I confirm that I have read and fully understand the provisions set out in Nu Skin's Privacy Policy which is available at <https://legal.nuskin.com/privacy.html> and Section 2, Chapter 1 of the Policies and Procedures and I consent to Nu Skin's collection, use, processing and disclosure of my personal information in the manner set out therein. I also agree to abide by the same to the extent that obligations are placed on me.

NAME: _____ TITLE: _____
LAST FIRST MIDDLE

SIGNATURE: _____ DATE: _____

NAME: _____ TITLE: _____
LAST FIRST MIDDLE

SIGNATURE: _____ DATE: _____

NAME: _____ TITLE: _____
LAST FIRST MIDDLE

SIGNATURE: _____ DATE: _____

NAME: _____ TITLE: _____
LAST FIRST MIDDLE

SIGNATURE: _____ DATE: _____

NAME: _____ TITLE: _____
LAST FIRST MIDDLE

SIGNATURE: _____ DATE: _____

This Business Entity Form must be accompanied by a Brand Affiliate Agreement duly signed by the Authorised Representative if such Brand Affiliate Agreement has not been received by Nu Skin prior to the date of submission of this Form. All future changes to the Business Entity Form or the Brand Affiliate Account must be submitted in writing and must include the names and signatures of all the Participants, including the Authorised Representative and any new Participants. The Company reserves the right to accept or reject any application to become a Brand Affiliate.

