



Herbalife International Philippines, Inc.
 377 G/F Goodland Bldg., Sen Gil J. Puyat
 Ave. Makati City 1200
 Distributor Services Tel: (632) 8973450
 Distributor Services Fax: (632) 8995005

BANK INFORMATION FORM

PHILIPPINES ONLY

If you wish to receive your Philippine Herbalife earnings through Direct Deposit (Electronic Fund Transfer (EFT)) the following procedures must be followed:

- Complete this form in **BLOCK** letters
- Mail or fax this form using the information above
- Attach a bank statement, bank book front page or deposit slip for verification.
- Your account Holder Name should reflect the same information that is currently stored in the Herbalife system.

All changes will be made upon completion of this form and processing by Herbalife. Please allow 10-14 business days for processing.

Note: If you are already set up for EFT and need to make changes to any of your banking information, please contact Herbalife Distributor Services.

Please consult the RP Career Book/IBO for complete information on necessary documents required to receive Herbalife earnings.

Please check the box that applies

- I have not previously supplied bank account information to Herbalife International Philippines, Inc.
 I would like to change the bank account information which I previously supplied to Herbalife International Philippines, Inc.

Earnings Payment Option: Direct Deposit (EFT) Check

Distributor Information

Herbalife ID. No.

Philippine ID. No. (please fill in passport # and country of issue, SSS #, Driver's License No, PRC)

Last Name

First Name

Mobile Phone

Home Phone

Please deposit my future RP (local) Herbalife earnings (if any) to the bank account in RP I have listed below.

Account Holder Name – **Must Be The Same As Your Checks Payable Name** (if any)

Bank Name

Bank Number

Branch Number

Account Number

All personal data provided on this Form shall be treated as confidential by Herbalife and Herbalife will take reasonable steps to ensure that the information collected from you remains secure. However, since no data transmission can be guaranteed 100% secure, Herbalife shall not be held responsible for any loss, damage or harm done or suffered as a result of any breach of confidentiality relating to the information you provided to Herbalife.

The information provided in this Form shall be used for internal purposes in relation to transmitting funds to you through the EFT. Herbalife may also use the information to update its other records or it may be necessary from time to time for certain information about you to be disclosed to other offices of Herbalife and its affiliates, agents or third parties for purposes relating directly or indirectly to your distributorship. Such information may, if required, be sent to parties outside Philippines. If you have any questions regarding the foregoing, please contact Distributor Services at the number above.

By completing this form, signing below and faxing or mailing it back to Herbalife, I authorize Herbalife to deposit my net earnings entitlement and any other sums due to me in the bank account identified above. This authorization shall remain valid, effective and binding on me until and unless revoked by me in writing, via fax/mail and such revocation has been received by Herbalife. I understand and agree that Herbalife shall have no liability whatsoever for any incorrect information provided by me in this Form and for any failure of any deposit to reach my account in a timely and accurate manner, except that Herbalife will fully cooperate with me to rectify such error if the error was due to Herbalife's fault.

I have read and understand the above terms. Accepted and declared by:

Applicant's Signature: _____

Date: _____