

BUSINESS ENTITY FORM

NEW BRAND AFFILIATE ACCOUNT

AMENDED BRAND AFFILIATE ACCOUNT

If a Business Entity is applying to become a Distributor, then this form must be completed and signed by each Participant in the Business Entity. A Participant is any partner, shareholder, member, or other Person that has a beneficial interest in the Business Entity, and any officer, manager, or other Person who will conduct business on behalf of the Business Entity.

This Business Entity Form supplements the Distributor Agreement. The meaning of capitalized terms not found in this form is set forth in the Policies and Procedures.

Please note that even if your Business Entity has a tax identification number, you must still provide the tax identification number of each Participant of the Business Entity.

When completed, please mail this form to: Nu Skin Enterprises Philippines, LLC, 15F Octagon Centre, 41 San Miguel Avenue, Ortigas Center, Pasig City, Philippines 1605

PLEASE TYPE OR WRITE CLEARLY THE FOLLOWING INFORMATION

APPLICATION BY BUSINESS ENTITY

Tax Identification Number of the Business Entity

Please mark one of the boxes below:

Company

Partnership

Others

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 (Last, First, Middle)

Sponsor's ID Number

Sponsor's Telephone

Authorized Representative of Business Entity (Last, First, Middle)

Title

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/Distributorship, (b) the information regarding each of the Participants is accurate and complete, (c) he or she has received copies of the Distributor Agreement, the Policies and Procedures, and the other contract documents, (d) as a condition to Nu Skin accepting the Distributor Agreement of the Business Entity and allowing the signing party to participate in the Distributorship, 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 Authorized Representative is the sole individual authorized to take any action on behalf of the Business Entity with respect to the Distributor 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 Authorized Representative with respect to all matters pertaining to the Distributor 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 Authorized Representative and appointing a new Authorized Representative, (f) upon acceptance by Nu Skin of the Distributor Agreement, the Business Entity will become a Nu Skin Distributor 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.

Name

Title

TIN (Tax Identification Number)

Date of Birth

Signature

Name

Title

TIN (Tax Identification Number)

Date of Birth

Signature

Name

Title

TIN (Tax Identification Number)

Date of Birth

Signature

Name

Title

TIN (Tax Identification Number)

Date of Birth

Signature

Name

Title

TIN (Tax Identification Number)

Date of Birth

Signature

This Business Entity Form must be accompanied by a Distributor Agreement if such Distributor Agreement has not been received by Nu Skin prior to the date of submission of this Form. All future changes to the Business Entity or the Distributorship must be submitted in writing and must be signed by the Authorized Representative and include the names of all the current Participants and the signature of any new Participant. The Company reserves the right to accept or reject any application to become an independent Distributor.



NU SKIN
DISCOVER THE BEST YOU™

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Distributor Support Hotline: +63-2-8NUSKIN (8687546) Toll Free Orders 1-800-1888-4545

Email: 48hrs_reply_phils@nuskin.com

Website: www.nuskin.com.ph



DIRECT SELLING ASSOCIATION OF THE PHILIPPINES