

Please mail/fax this completed form using the information below:  
 Herbalife Australasia Pty Ltd.  
 P.O Box 61  
 MARLESTON SA 5033  
 Distributor Services: 61-8-83016044  
 Fax: 61-8-376 1290

Fully Qualified Supervisor:  
**Only 1 application is required for each leg qualifying in your organization.** Please submit this form to your Distributor Services Department no later than the 5<sup>th</sup> of the month.

Please mark the appropriate box(s) below

Qualifying Month/Year: \_\_\_\_\_

<b>*ONE-MONTH QUALIFICATION</b> <input type="checkbox"/> 1-month qualification. Achieve a minimum of 4,000 Volume Points in one month of which at least 1,000 Volume Points are unencumbered (not used by another Distributor to qualify).	<b>TWO-MONTH QUALIFICATION</b> <input type="checkbox"/> <b>FIRST MONTH OF A TWO-MONTH QUALIFICATION: (FM)</b> <input type="checkbox"/> Achieve a minimum of 2,500 Volume Points in one month of which at least 1,000 Volume Points are unencumbered Volume Points.  <b>SECOND CONSECUTIVE MONTH OF A TWO-MONTH QUALIFICATION: (SM)</b> <input type="checkbox"/> Achieve a minimum of 2,500 Volume Points in one month of which at least 1,000 Volume Points are unencumbered Volume Points.  When completing a two-month qualification, an application must be turned in separately each month. *50% status applies on the 1 <sup>st</sup> of the month following the completion of your two-month qualification.	<b>QUALIFYING WITH ORGANIZATION</b> <input type="checkbox"/> Did your downline qualify with their organization? Please list below the names, IDs# and unencumbered Volume Points of the Distributors qualifying in this organization.  Each Distributor must have a minimum of 1000 Volume Points that are not being used by another Distributor becoming a Supervisor (unencumbered volume). The bottom Distributor in the organization must have 4,000 Volume Points for a 1-month qualification or a minimum of 2,500 Volume Points for a 2-month qualification.
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**If there are more Distributors qualifying in this organization, please add to the chart as appropriate, and attach additional Distributor information (i.e. Name, ID# and Volume Points) or complete a new form. Please complete a separate form for each new leg qualifying.**

<div style="text-align: center; border: 1px solid black; padding: 5px; margin-bottom: 10px;"> <b>Fully Qualified Supervisor</b> </div> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p><b>1<sup>st</sup> Level</b></p> <p>1-Month <input type="checkbox"/></p> <p>1<sup>st</sup> Month <input type="checkbox"/></p> <p>2<sup>nd</sup> Month <input type="checkbox"/></p> </div> <div style="text-align: center;"> <p><b>2<sup>nd</sup> Level</b></p> <p>1-Month <input type="checkbox"/></p> <p>1<sup>st</sup> Month <input type="checkbox"/></p> <p>2<sup>nd</sup> Month <input type="checkbox"/></p> </div> <div style="text-align: center;"> <p><b>3<sup>rd</sup> Level</b></p> <p>1-Month <input type="checkbox"/></p> <p>1<sup>st</sup> Month <input type="checkbox"/></p> <p>2<sup>nd</sup> Month <input type="checkbox"/></p> </div> <div style="text-align: center;"> <p><b>4<sup>th</sup> Level</b></p> <p>1-Month <input type="checkbox"/></p> <p>1<sup>st</sup> Month <input type="checkbox"/></p> <p>2<sup>nd</sup> Month <input type="checkbox"/></p> </div> </div> <div style="text-align: center; margin-top: 20px;"> <div style="border: 1px solid black; padding: 5px; display: inline-block;"> <b>Please check one box for each DS qualifying</b> </div> </div>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">Fully Qualified Supervisor Name</td> <td></td> </tr> <tr> <td>Herbalife ID Number</td> <td></td> </tr> <tr> <td>Telephone Number</td> <td></td> </tr> <tr> <td colspan="2">Fully Qualified Supervisor: Please write the name, Herbalife ID number and Volume Points below for each Distributor qualifying in your organization.</td> </tr> <tr> <td colspan="2"><b>1<sup>st</sup> Level</b></td> </tr> <tr> <td>Distributor Name</td> <td></td> </tr> <tr> <td>Herbalife ID Number</td> <td></td> </tr> <tr> <td>Unencumbered Volume Points</td> <td></td> </tr> <tr> <td colspan="2"><b>2<sup>nd</sup> Level</b></td> </tr> <tr> <td>Distributor Name</td> <td></td> </tr> <tr> <td>Herbalife ID Number</td> <td></td> </tr> <tr> <td>Unencumbered Volume Points</td> <td></td> </tr> <tr> <td colspan="2"><b>3<sup>rd</sup> Level</b></td> </tr> <tr> <td>Distributor Name</td> <td></td> </tr> <tr> <td>Herbalife ID Number</td> <td></td> </tr> <tr> <td>Unencumbered Volume Points</td> <td></td> </tr> <tr> <td colspan="2"><b>4<sup>th</sup> Level</b></td> </tr> <tr> <td>Distributor Name</td> <td></td> </tr> <tr> <td>Herbalife ID Number</td> <td></td> </tr> <tr> <td>Unencumbered Volume Points</td> <td></td> </tr> </table>	Fully Qualified Supervisor Name		Herbalife ID Number		Telephone Number		Fully Qualified Supervisor: Please write the name, Herbalife ID number and Volume Points below for each Distributor qualifying in your organization.		<b>1<sup>st</sup> Level</b>		Distributor Name		Herbalife ID Number		Unencumbered Volume Points		<b>2<sup>nd</sup> Level</b>		Distributor Name		Herbalife ID Number		Unencumbered Volume Points		<b>3<sup>rd</sup> Level</b>		Distributor Name		Herbalife ID Number		Unencumbered Volume Points		<b>4<sup>th</sup> Level</b>		Distributor Name		Herbalife ID Number		Unencumbered Volume Points	
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**\*Don't forget to call telephone number 61-8-83016044 to place these qualifying Distributors at Temporary 50% status.**