The Link To Radiant Health

Spend just $150 to start enjoying WhereHealthBegins Privileges!

WHB
WhereHealthBegins

WhereHealthBegins Pte Ltd
1 Selegie Road #04-01/02 PoMo (Paradiz Centre) Singapore 188306
Tel: (65) 6280 1169 Fax: (65) 6285 4515
Website: www.WhereHealthBegins.com

Members' Benefits

Once registered as a WHB Member, you will enjoy the following benefits:

1 Savings of 10 - 14% from the Retail price

NeutriZymes Products	Retail Price	Member Price	Members' Saving
Proteolysis • Digest Plus • Cell Plus	$96.30	$83.50	$12.80
Lipase • Control Plus	$112.40	$98.40	$14.00
Flora Plus	$85.60	$74.90	$10.70
Nutrient Enzyme Meal (NEM)	$165.85	$147.70	$18.15
IFC Control	$128.40	$115.60	$12.80

2 Birthday Privilege

Enjoy Buy 1 Get 1 Free* on any NeutriZyme product (exclude IFC Control) in your birthday month when you spend a minimum of $100.

* *Only 1 free NeutriZymes product in birthday month. The free item must be the same NeutriZymes product purchased. This is on top of the min $100 purchase.*

Note: All Price listed are inclusive of GST.

Terms & Conditions

1. All applicants as WHEREHEALTHBEGINS PTE LTD (WHB) Members must be at least 18 years of age and have a valid Singapore residential address.
2. Applicant has to spend a minimum of $150 in a single receipt to apply for the WHB Membership.
3. Upon acceptance of this application by the Company, the applicant will become a WHB Member of WHEREHEALTHBEGINS PTE LTD.
4. No membership fee is required.
5. A lifetime membership will be granted.
6. The discount privileges, terms and conditions may be amended, or terminated without prior notice at the sole discretion of the company.
7. WHB reserves the right to decline an application, re-issue or withdraw the membership without providing reason at any time.
8. The WHB membership is promoted by WHEREHEALTHBEGINS PTE LTD.

Member's Application Form

Please use BLOCK LETTERS.

FULL NAME (As Per I/C)

I/C NO -

ADDRESS FOR CORRESPONDENCE

POSTAL CODE

PHONE NUMBER HOME

OFFICE MOBILE

EMAIL

OCCUPATION

DATE OF BIRTH (DD/MM/YY) - -

GENDER: ❑ MALE ❑ FEMALE

MARITAL STATUS: ❑ MARRIED ❑ SINGLE

RACE: ❑ CHINESE ❑ MALAY ❑ INDIAN ❑ EURASIAN ❑ OTHERS_____

EDUCATIONAL LEVEL: ❑ PRIMARY ❑ SECONDARY ❑ POLYTECHNIC ❑ PRE-U ❑ UNIVERSITY ❑ OTHERS_____

I have read, understood and hereby agree to abide the terms and conditions as stated in this application form. (See overleaf)

_____

Member's Signature and Date

For Official Use Only

MEMBER ID

JOIN DATE - -

REFERRAL'S NAME

Referral's Signature and Date

DATE RECEIVED: _____

ENTRY PROCESSED BY: _____

CHECKED BY: _____