



NIKKEN PHILIPPINES, INC.

JMT Corporate Condominium, Suite 10-B
 ADB Avenue. Ortigas Center, Pasig City, Metro Manila
 Tel.: 02-633-8734 Fax: 02-634-6269

INDEPENDENT WELLNESS CONSULTANT APPLICATION & AGREEMENT

INDEPENDENT WELLNESS CONSULTANT INFORMATION

Date: _____

(Print legibly. Applications that cannot be read will be returned, delaying processing.)

TIN Number _____ Evening Phone _____

Daytime Phone _____ Mobile Phone _____ Fax Number _____ E-mail Address _____

Name (Last, First, Middle) _____

Co-Applicant (Last, First, Middle) _____

Mailing Address (No P.O. Box allowed) _____

City _____ Province _____ Postal Code _____

SPONSOR INFORMATION

Nikken I.D. Number _____ Mobile Phone _____ Daytime Phone _____ E-mail Address _____

Name (Last, First, Middle) _____

AS A NEW INDEPENDENT WELLNESS CONSULTANT OF NIKKEN PHILIPPINES, INC., I UNDERSTAND AND AGREE THAT:

- The above-named individual/entity (herein called "Wellness Consultant") agrees to the terms set below between Nikken Philippines, Inc. (herein called "Nikken") and Wellness Consultant.
- The Wellness Consultant is and at all times shall remain an independent contractor and is not representative or participant of or with Nikken for any purpose whatsoever. Wellness Consultant agrees to be responsible for own expenses, licenses, income tax, and VAT as stipulated by the government or other regulatory agencies of the Republic of the Philippines, except for those payments that are expressly arranged by Nikken.
- The Nikken marketing program (herein called "Plan") along with the Nikken manual (herein called "Manual") are hereby incorporated into and made an integral part of this agreement. Independent Wellness Consultant acknowledges being familiar with and agrees to abide by all of the terms and conditions of the Plan and Manual as currently constituted and as may be amended from time to time by Nikken.
- The term of the Nikken Independent Wellness Consultant agreement is one year. Wellness Consultant who wish to continue their distributorships must apply to renew and extend their distributorship or Independent Wellness Consultant agreement by their anniversary date. Subject to acceptance by the company. The renewal must be received by Nikken in writing in accordance with the policies set forth in the Manual.
- Independent Wellness Consultant will not misrepresent Nikken in any manner and will make no statements, claims or warranties with respect to Nikken which are not contained in Nikken written materials. Wellness Consultant agrees to perform all of his/her obligations under this agreement in a manner consistent with all applicable laws and regulations and with the principles of good conduct and business ethics in order to protect and enhance the name of Nikken, the reputation of the product, and the goodwill attached to and trade names or any trademarks in use or hereafter adopted or used by Nikken.
- Independent Wellness Consultant agrees to familiarize him/herself with all Nikken products are not considered and are never offered or intended as medicines or medical treatments for any disease or disorder either physical or mental. Independent Wellness Consultant is prohibited and enjoined as a condition of this agreement from participating in any diagnosis, prognosis, evaluation, treatment, description, management, or remedy of any disease or physical or mental disorder.
- Independent Wellness Consultant understands that there are no guarantees of any earnings in the Plan and that there are no exclusive territories within the Plan.
- Independent Wellness Consultant understands that there are no personal purchase requirements of Nikken products at any level of the Plan beyond the initial expense for becoming a Wellness Consultant, and that the only expenses incurred in becoming an Independent Wellness Consultant is the purchase of a Sales Kit. Wellness Consultant also understands that there are no inventory requirements of Nikken products and that Wellness Consultant may terminate the Agreement at any time upon confirmation of receipt of written notice to Nikken.
- Independent Wellness Consultant understands and agrees that a violation of any of the terms of the Agreement, including the policies and procedures of Nikken, may result in the termination of the distributorship and all rights and privileges therein. Upon notification of cancellation or termination, Nikken agrees to repurchase any mandatory sales aids and/or product in accordance with the policies stated in the manual.
- Independent Wellness Consultant will not assign, sell or otherwise convey to any other person or entity any of the rights, privileges, or interests of a Wellness Consultant without the prior written consent of Nikken.
- Wellness Consultant agrees to provide adequate follow up support, encouragement and service to all of his/her customers and downline distributors.
- This agreement shall be governed by the laws of the Republic of the Philippines, and appropriate court in Pasig city, Metro Manila.
- In entering the Tax Identification Number (TIN) above, Independent Wellness Consultant is certifying this is the true and correct TIN for the Wellness Consultant.

METHOD OF PAYMENT

CASH CHECK - CHECK No.: _____ Bank Name: _____

Bank Deposit - Deposit Date: ____/____/____ Deposit Amount: P _____

Bank Deposited To: _____ Ref. No.: _____

VISA MasterCard JCB/RCBC Card UniCard Diners BPI Express

Credit Card Number: _____ Expiry Date: _____

Total Amount Due: _____

Cardholder Name: _____

Cardholder Signature: _____ Date: _____

ITEM	PRODUCT	PV	PRICE
<input type="checkbox"/>	9250-5K with MAGBOY & MAGSTEPS-SM	125	5,500.00
<input type="checkbox"/>	9251-5K with MAGBOY & MAGSTEPS-MD	125	5,500.00
<input type="checkbox"/>	9260-5K with MAGBOY & MAGSTRIDES-SM	125	5,500.00
<input type="checkbox"/>	9261-5K with MAGBOY & MAGSTRIDES-MD	125	5,500.00
<input type="checkbox"/>	9230-1K BUSINESS KIT WITH MAGBIENS	22	995.00
<input type="checkbox"/>	9231- 1K BUSINESS KIT WITH LIVER SUPPORT (1-Bottle)	22	995.00

Applicant Signature: _____

Co-Applicant Signature: _____