

Re: Slimmer of The Year (SOY) Registration (Application)

Title : Letter Of Mutual Understanding – Nettural _____(Year / 年份) Slimmer Of The Year

To / 此致 : Nettural Resources Sdn Bhd

I _____ MYNET No _____

IC/ Passport No _____ 提呈我个人进行 Cambridge Weight Plan 健康体重管理的食用过程经验, 个人 100%清楚与明白以下安排 / I am sharing my personal experience on Cambridge Weight Plan Weight Management Program, I am 100% clear and understand the following arrangements:

1) 纯属个人于CWP健康体重管理经验

My sharing on CWP weight management program is confined to my own experience.

2) 自愿依参与资格, 注册以上所指定年份活动

I participate in this program voluntarily. I have registered for this program as indicated for the duration of the campaign.

*注册费/Registration Fee RM 719:

RM 719 Package Include / 包括 (Non BV Non & DR-Code)	
a) Entry form / 个人参赛表格 x 1 b) 2017 Nettural Official Slimmer Event Ticket / 入场券 x 1 c) 2 boxes CWP *Flavors :  + 	d) 1 Box CWP / *Any flavors Only for Official Slimmer Event attendant 

3) 一经 Nettural Resources Sdn Bhd 通过接纳为该年份 CWP Slimmer of The Year, 个人所呈上经历即可获准刊登于 Nettural Resources Sdn Bhd & Cambridge Weight Plan 充准/符合规格的官方媒体文宣. (* 个人资料将自动纳入为马来西亚PDPA法令 Personal Data Protection Act 2010 保护范围).

Once my CWP story is accepted by Nettural Resources Sdn Bhd for CWP Slimmer Of The Year, I allow my personal experience story on CWP to be published in the chosen media assigned by Nettural Resources Sdn Bhd & Cambridge Weight Plan. (* my personal information will be automatically included and protected under Malaysia Personal Data Protection Act 2010)

4) 一经确定成为 Nettural Resources Sdn Bhd 该年份 CWP Slimmer of The Year, 出席该年 Official Slimmer Event, 亲自上台领取 SOY 奖品.

Once I am confirmed as CWP Slimmer of The Year by Nettural Resources Sdn Bhd during the campaign period, I am to attend the Official Slimmer Event organize by the company to go on stage to receive my SOY prize in person.

5) Nettural Resources Sdn Bhd 拥有 100% 权力, 单方核准或撤消以上 SOY 的有效资格. 任何投诉恕不处理.

Nettural Resources Sdn Bhd has 100% discretion and authority to approve / to withdraw the eligibility of the SOY's qualifications. Any complaints will not be entertained.

申请人资料 Contestant	申请人资格鉴订 CWP Producer
Name 姓名 :	Name 姓名 :
Signature 签名 :	Signature 签名 :
MYNET No :	MYNET No :
Date :	Date :

Approved By

Karen

Cambridge Weight Plan Care Line Officer

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Cambridge
Weight Plan®

Real people, real support, real results.