

# Released under FOI

**Reference Number: REF** [REDACTED]

## Customer

Customer Name		Demographic Details	
Is Anonymous	No	Age	[REDACTED]
Salutation	[REDACTED]	Gender	Not Specified
First Name	[REDACTED]	Financial Hardship	No
Last Name	[REDACTED]	Youth	No
Contact Numbers		Older Australian	No
Business Phone	[REDACTED]	English Language Skills	No
Home Phone		Indigenous	No
Mobile Phone		Remote Community	No
Address Details		Disability	No
Address Type	Primary	Serious or Chronic Illness	No
Address Line 1	[REDACTED]	Other Temporary Circumstances	No
Address Line 2		Special Requirements	
Address Line 3		Interpreter Call	No
Suburb	[REDACTED]	TTY	No
Postcode	[REDACTED]	Contact Record	[REDACTED]
State	[REDACTED]		
Country			
Email Address			
Email Address	[REDACTED]		

## Report Details

Contact Date	[REDACTED]	Contact Reason	Enquiry
Contact Mode	Web Form	Phone Source Line	[REDACTED]
Description	<p>I [REDACTED] paid for a ticket to go to an event [REDACTED]                      [REDACTED] I am now unable to attend and they are saying:</p> <p>"Thank you for contacting Herbalife.                      Please see the inability to attend form attached.</p> <p>Event tickets are non-transferable and non-refundable.</p> <p>In the event a Member is unable to attend an event, please complete the attached form in full with evidence and supporting documentation.</p> <p>Requests for ticket refunds will be assessed and reviewed after the event has taken place".</p> <p>[REDACTED]</p> <p>I would like to know what my rights are [REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p>		

Reported By [REDACTED] | On Behalf of Organisation [REDACTED]

Desired Outcome [REDACTED]

## External Identifiers

Reference Number REF [REDACTED] | CRM 2011 Ticket Number [REDACTED]

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TrackIT ID

**Activities**

Type	Subject	Status	Owner	Actual Start
email	ACCC Response (Reference: REF [REDACTED]) [SEC=UNCLASSIFIED]	Canceled	Alexander Clarkson	

**Clock**

Start Date and Time	End Date and Time	Duration
[REDACTED]	[REDACTED]	11

**Classification****Categories**

Level 1	Not ACCC
Level 2	No CCA
Level 3	

**Types of Claim**

Organic	No	Animal Welfare	No
Technology or Scientific	No	Genetically Modified	No
Environmental	No	Quality and Content Standards	No
Free Range	No	Place of Origin	No
Fair Trade	No	Health	No

**Issue**

Carbon Issue	No	Franchise Issue	No
Small Business Issue	No	Food Labelling	No
NBN Network	No		

**Industry of Interest**

Medical	No	Fuel	No
Supermarkets General	No	Supermarkets Shopper Dockets	No
Debt Collection	No	Telecommunications	No
Energy	No	Online or eCommerce	No

**Mode of Communication**

Door to Door	No	Telemarketing	No
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**Advertising**

Internet	No	Radio	No
Television	No	Press	No

**Conducts**

Section Id	Section Name	Act / Division / Part	Group Description	ACL Classificationname
General	General - No CCA Issue	Act: CCA Div: 3 Part: General	Other	

**Trader Details**

Primary Trader: Herbalife (Herbal Life) Australasia Pty Ltd

Trader ANZSIC Code: 4310-Non-Store Retailing

Primary Trader Business Contact Name :

**Trader Details (if Different from Primary)**

Trader Website

Trader Email Address

Trader Phone

Trader Address Line 1

Trader Address Line 2

Trader Address Line 3

Trader Address Suburb

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Trader Address State  
 Trader Address Post Code

**Other Traders****Action**

Advice Adv. on change of mind

**Assignment**

Owner Alexander Clarkson No Response Required No

**Resolution Dates**

First Resolved On [REDACTED] Last Resolved On [REDACTED]

**InfoForm Action**

Report Status Closed Report Status Reason Intelligence

Referred To External Party:

Escalated To Escalated By

Action Date [REDACTED]

Comments

**Confidentiality & TRIM Documents**

Ministerial No

TRIM Contact Doc TRIM Response Doc

**Product Safety****Action Taken**

Complained No Returned No

Asked Refund No Returned Purchase No

Action Taken Other

Contacted Supplier Consent to disclose

Outcome of contact with supplier

PS Other action taken

**Product Details**

Brand Date of Purchase

Type Batch Name / Number

Manufacturer

Name

Model

Description

Product Category

Regulated Product No

How was product obtained

Other

**Why Reporting**

Problem Report

Believe Banned No Almost Accident No

Injured No Injury Required Hospital Treat. No

Injury Details

**Product Safety Injury/Incident details**

PS Injured Injury Severity

Treatment from a medical professional Near Miss/Almost Accident

Require hospital stay Type of incident nearly occurred

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Provide details

**Scam Watch**

Scammer Contact Date		Will You Share Your Story:	
Scam Contact Mode	N/A	On Behalf of Business	No
Scam Contact Website		Business Age	
Scam Contact Website Other		Business Size	
How Paid (Payment Type)			
How Paid (Other)			

**Loss Type**

Is a Loss Suffered?	No	Commercial Information Loss	No
Personal Info Loss	No	Banking Details Loss	No
Amount Lost			

**Small Business**

Business Name		Industry	
Business Age		Business Size	
Description of Loss			

**Relationship**

As Competitor	No	As Supplier	No
Related As Franchisee	No	As Customer	No
As Other	No		
As Other Description			

**Refusal**

Is Refusal	No		
Refusal to Supply?	No	Refusal Other	No
Refusal Type		Refusal Date	
Reason Sought	No	Alternative Available	No
Referred Elsewhere	No		
Reason Description			
Referral Outcome			

**Franchise**

Name			
Location			
Date Disclosure		Franchise Legal Received	No
Date Entered		Franchise Legal Waiver	No
Mediation	No	Mediation Date	
Mediation Result			
Negotiation	No	Negotiation Date	
Negotiation Result			
Franchise Other	No		
Franchise Other Details			
Franchise Other Outcome			

**Anti-Competitive & Unconscionable Conduct**

Is Anticompetitive	No		
Product			
Description			

**Unconscionable Conduct**

Is Unconscionable	No		
Unconscionable Event			

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Documents	No	Unconscionable Influence Used	No
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## Report Lodged With Other Agency

Lodged With Other?	No
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Description

Result

### Audit

Created By	SVC_CRM_AWACS_B Service Broker	Created On	
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Modified By	Alexander Clarkson	Modified On	
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**HERBALIFE  
NUTRITION**

Herbalife Australasia Pty. Ltd.

P.O. Box 61 Melbourne SA, 5033 Australia

T: 08 8154 0200 F: 08 8234 3805

Herbalife (NZ) Ltd

P.O. Box 12 181 Penrose, Auckland, New Zealand

T: 0800 437 225 F: 09 573 8125

Email: [memberservicesnz@herbalife.com](mailto:memberservicesnz@herbalife.com)

### Inability to Attend – Local Event Claim Request Form

Please note:

- Event tickets are non-transferable and non-refundable.
- In the event a Member is unable to attend an event, please complete this form in full with evidence and supporting documentation.
- Requests for ticket refunds will be assessed and reviewed after the event has taken place

#### Event

Event Name	
Event Date	
Order Number	

#### Member Details

Name	
Member ID	
Phone Number	
Email Address	

#### Reason for not attending the event (select one)

- Embassy denied visa request  
 Bereavement  
 Jury duty  
 Government order  
 Medical emergency  
 Other (please specify) \_\_\_\_\_

#### Additional Comments to Support Claim


#### Member Declaration and Signature

I declare that the information I have provided regarding my inability to attend this event is true and correct.

 \_\_\_\_\_  
 (Member's Signature)

 \_\_\_\_\_  
 (Date)

**Mandatory: Please attach copies of relevant evidence and supporting documentation and submit your request to [memberservicesnz@herbalife.com](mailto:memberservicesnz@herbalife.com)**