Reference Number: REF

Customer

Customer Name		Demographic Details	
ls Anonymous	No	Age	
Salutation		Gender	Not Specified
First Name		Financial Hardship	No
_ast Name		Youth	No
Contact Numbers		Older Australian	No
Business Phone		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		Other Temporary Circumstances	No
Address Line 2		Special Requirements	
Address Line 3		Interpreter Call	No
Suburb		TTY	No
Postcode		Marine San Commence	
State		Contact Record	
Country			
Email Address			
Email Address			
Panart Dataila			

Report Details

Contact Date

Contact Mode

Web Form

Phone Source Line

Description

I am now unable to attend and they are saying:

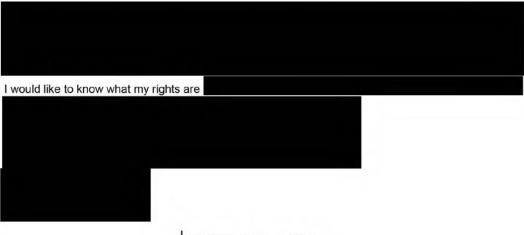
"Thank you for contacting Herbalife.

Please see the inability to attend form attached.

Event tickets are non-transferable and non-refundable.

In the event a Member is unable to attend an event, please complete the attached form in full with evidence and supporting documentation.

Requests for ticket refunds will be assessed and reviewed after the event has taken place".



Reported By

Desired Outcome

On Behalf of Organisation

External Identifiers

Reference Number

REF

CRM 2011 Ticket Number

TrackIT ID

Activities

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

Clock

Start Date and Time	End Date and Time	Duration
		11

Classification

Categories

Level 1 Not ACCC No CCA Level 2

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
Advertising			

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 Prima	ry)
Trader Website	
Trader Email Address	
Trader Phone	
Trader Address Line 1	
Trader Address Line 2	
Trader Address Line 3	
Trader Address Suburb	

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 Last Resolved On

InfoForm Action

Report Status Reason Intelligence

Referred To External Party:

Escalated To Escalated By

Action Date

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

Batch Name / Number

Manufacturer

Type

Model

Name

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

Require hospital stay

professional

Near Miss/Almost Accident

Type of incident nearly

occurred

Provide details

Scam Watch

Scammer Contact Date

Scam Contact Mode

Scam Contact Website

N/A

No

No

Will You Share Your Story:

On Behalf of Business

Business Age

Business Size

Scam Contact Website Other

How Paid (Payment Type)

How Paid (Other)

Loss Type

Is a Loss Suffered?

Personal Info Loss

Amount Lost

Commercial Information Loss

Banking Details Loss

No

Small Business

Business Name

Business Age

Business Size

Description of Loss

Relationship

As Competitor

No

Related As Franchisee

As Other

No

No

As Supplier

No

No

No

As Customer

As Other Description

Refusal

Is Refusal

No No

Refusal to Supply?

Refusal Type

No Reason Sought No

Referred Elsewhere Reason Description

Referral Outcome

Industry

No

Refusal Other No

Refusal Date

Alternative Available

No

No

Franchise

Name

Location

Date Disclosure

Date Entered

Mediation

Mediation Result

Negotiation

Negotiation Result

Franchise Other Franchise Other Details

Franchise Other Outcome

Franchise Legal Received

Franchise Legal Waiver No

Mediation Date

Negotiation Date

Anti-Competitive & Unconscionable Conduct

Is Anticompetitive

No

No

No

No

Product

Description

Unconscionable Conduct

Is Unconscionable

Unconscionable Event

No

Documents	No	Unconscionable Influence Used	No
Report Lodged With Othe	r Agency		
Lodged With Other?	No		
Description			
Result			
Audit			
Created By	SVC_CRM_AWACS_B Service Broker	Created On	
Modified By	Alexander Clarkson	Modified On	



Erroll.

marribarram Anagagor (Sharbaille con

Inability to Attend - Local Event Claim Request Form

Please note:

Event

- 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

Even	nt Name	
	nt Date	
Order	Number	
Membe	er Details	
N	ame	
Men	nber ID	
Phone	Number	
Email	Address	
	n for not attending the event (select one) Embassy denied visa request	
	Bereavement	
_	Jury duty	
	Government order	
_	Medical emergency	
	Other (please specify)	
П	Other (please specify)	
Additio	onal Comments to Support Claim	
I declar	er Declaration and Signature re that the information I have provided regard d correct.	ng my inability to attend this event is
	(Member's Signature)	(Date)

Mandatory: Please attach copies of relevant evidence and supporting documentation and submit your request to <u>memberservicesasnz@herbalife.com</u>