

Introducing...



Lustre Privilege Card

Get Value and savings with
Lustre Privilege Card!

With the **LUSTRE Privilege Card**, you are entitled to discounts and privileges at any of our outlets and participating merchants. More attractively, points can be accumulated from purchases of products and services at our outlets, hotline number, 6275 4123 and online purchase via our website, www.mylustre.com. Points are based on **1 Lustre point per \$1 dollar spent**.

You will be notified on our promotions and be invited to events organized by Organic Health Pte Ltd as well as our preferred partners.

Lustre Exclusive Privileges

Pamper & indulge yourself by signing up for Lustre Privilege Card now!

1) Member's Price

Enjoy member's price throughout the year with no renewal fees

2) Birthday Treats

Just flash Lustre Privilege Card and I/C during birthday month and get **20%** discount on Lustre products or The TREE therapies.

3) Introduce-A-Friend

Earn extra **50** points for recommending a friend to own Lustre Privilege Card.



4) More Privileges

Lustre Member teams up with our participating merchants to offer the best value.

5) Exclusive Events Invitation

Beat the crowd! As a Lustre Member, you will get exclusive access to any of our events.

6) Adhoc Promotions

Lustre member will get additional discounts on top of the existing discount. WOW!

Simply sign up for Lustre Privilege Card for \$20 at any of our outlets:-

1) **The Tree**

90, Joo Chiat Road S (427384)

2) **MyLustre.com**

3, Simei Street 6 #01-04 S (528833)

3) Online purchase: **www.mylustre.com**

4) Call our customer service hotline @ **62754123**

Receive your Lustre Privilege Card after 2 weeks by post upon receipt of your application form and confirmation of payment.

How to Redeem?

Please call our Customer Service Hotline at 62754123 for further assistance.

Normal operating hours are 9am to 6pm, Monday to Friday (closed on Public Holidays).

Terms & Conditions

- 1) It is the responsibility of Members to update their mailing address, email address and mobile telephone number as notified to Organic Health Pte Ltd. Any communication sent to a Member will be regarded as delivered when posted, emailed or sent via SMS to the Member's mailing address, email address or mobile number as record. Organic Health Pte Ltd will not be responsible for any delayed, misdirected or lost mail/communication to a Lustre Privilege Card member.
- 2) The privileges, terms and conditions may be amended or withdrawn without prior notice at the sole discretion of Organic Health Pte Ltd.
- 3) Lustre Privilege Card membership is valid for a lifetime.
- 4) Enrolment of more than one person under a single Lustre Privilege Card membership and multiple enrolments by a single person is not allowed.
- 5) The Lustre Privilege Card is not transferable. Notwithstanding any prior notification to Organic Health Pte Ltd of loss/theft of a Lustre Privilege Card, Organic Health Pte Ltd shall not be liable for any unauthorised use of any member Lustre Privilege Card and/or benefit and Members are advised to keep their Privilege Card safe and secure.
- 6) Member are responsible for any loss/theft of their Lustre Privilege Card and should notify Organic Health Pte Ltd of such loss/theft by calling us at 6275 4123 (Monday to Friday 9.00am - 5.00pm) or by email at sales@mylustre.com and a replacement fee of S\$5 is chargeable.

LUSTRE Privilege Card Application Form

For First-Time Application, please indicate if this card is
 For Yourself A Gift for Someone

Card Holder's Information

Mr Mrs Ms Mdm NRIC No: _____

Full Name (as in NRIC): _____

Name to appear on Card:

(within 20 spaces)

Gender:

Male Female

Date of Birth:

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(DD/MM/YY)

Marital Status: Single Married Others
 No. of Children: _____

Mailing Address:

S ()

Email Address: _____

Home Contact: _____

Mobile: _____

Personal Annual Income:

< \$20,000 \$20,000 - \$30,000 \$30,001 - \$40,000
 \$40,001 - \$50,000 > \$50,000

Highest Qualification Attained:

Primary Secondary ITE
 Diploma Degree Above Degree

Occupation:

Professional Manager Student
 Business Owner/ Self Employed Housewife
 Others (Please Specify): _____

Recommended By a Friend:

Recommender's Name: _____

Cust No: _____

Contact No: _____

I agree to abide by the terms & conditions set forth the LUSTRE Privilege Card.

Signature _____

Date _____

I consent to provide all personal particulars as listed above to Organic Health Pte Ltd. The information that you provide will be treated confidentially and used for advancing the interests of the membership services.

FOR OFFICIAL USE

Payment mode: Cash Credit Card Nets Others:

Membership Card No: _____

Issue Date: _____

Attended By: _____

Remarks: _____