

COLLECTION NOTICE

ResMed Ltd, including but not limited to any related body corporate from time to time, (individually and together referred to as "ResMed") are referred to as "we", "our" or "us" in this notice.

ResMed collects personal information about you through the sleepvantage Membership Program. This notice forms part of our Privacy Policy, and together they form our notice for collecting personal information about you through the sleepvantage Membership Program. You can obtain a copy of our Privacy Policy directly from our website (<https://www.sleepvantage.com.au/policies/privacy-policy>) or by contacting our Privacy Officer using the details set out below.

1. Who is collecting your personal information?

Your personal information is being collected by ResMed. Our Privacy Officer handles enquiries and requests related to our handling of personal information and can be contacted if you have any questions about our management of personal information or compliance with applicable data protection laws.

In writing:

Privacy Officer
ResMed
1 Elizabeth Macarthur Drive
Bella Vista NSW 2153

By email: privacy.apac@resmed.com

2. Collection of your personal information

We will collect your personal information from you directly whenever it is reasonable and practical to do so. There are several ways we may collect your personal information, including when you:

- Submit completed membership registration forms either through our website, by mail, email or by hand
- Deal with us face-to-face, in writing or by telephone
- Participate in any of our promotions or subscribe to any of our offers or publications
- Submit any request to us
- Visit our website
- In the course of supplying products and services to you or through our other dealings with you

Where we use distributors and accredited partners or third-party service providers, those parties may also collect personal information from you on our behalf. In some cases, we may also

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collect your personal information from publicly available records, our related bodies corporate, or non-related third parties.

3. The purpose of collecting your personal information

We collect, use and disclose personal information as reasonably necessary for our business purposes which include:

- To respond to your requests for information
- To communicate with you about the sleepvantage Membership Program, for example, to provide you with administrative communications regarding your membership, newsletters, press releases, or advertisements relating to products, offers, or programs that may be of interest to you

4. What may happen if we do not collect your personal information?

If we do not collect your personal information we will not be able to process your registration for membership in the sleepvantage Membership Program or administer your membership in the sleepvantage Membership Program and we may be unable to provide you with the membership benefits associated with the sleepvantage Membership Program.

5. Who will we disclose your personal information to?

We may disclose your personal information to our related bodies corporate and third parties for the purposes set out above. The third parties to whom we may disclose your personal information include our distributors and accredited partners and to third party service providers we engage to help us run our sleepvantage Membership Program.

6. Overseas disclosures of your personal information

Sometimes the servers on which ResMed stores personal information are located overseas, including in the United States of America. In those cases, ResMed takes all reasonable steps to make arrangements that provide for privacy protection of personal information to a standard in accordance with our Privacy Policy and applicable data protection laws.

7. Access to and correction of your personal information

Our Privacy Policy contains information about how you can access the personal information we hold about you and seek correction of that information.

8. Privacy complaints

Our Privacy Policy contains information about how you may make a complaint about a breach of your privacy.



Awaken your best.

Become a VIP today...

Join sleepvantage and be treated to a range of exclusive member benefits.*

✓ sleepvantage warranty**
5-year manufacturer's warranty on ResMed devices and 50% warranty extension on ResMed masks and accessories.

✓ Stay informed
Access to a range of educational articles and videos.

✓ Feel supported
Access to our friendly product support line.

✓ Get special offers
Be part of exciting promotions and special offers.

sleepvantage membership terms and conditions

sleepvantage is a member support program. Its purpose is to assist members in improving their health and wellbeing through the use of sleep products and services. sleepvantage membership is available to residents of Australia and New Zealand only.

It is a condition of your membership that you will provide ResMed with information concerning your use of its products. This information will be used to improve ResMed products, to mail or email you information about products and services, or to contact you for research purposes over the telephone, by mail or via email.

As a member of sleepvantage, you are entitled to benefits listed in this brochure. However, ResMed may change, improve or withdraw the benefits offered at any time.

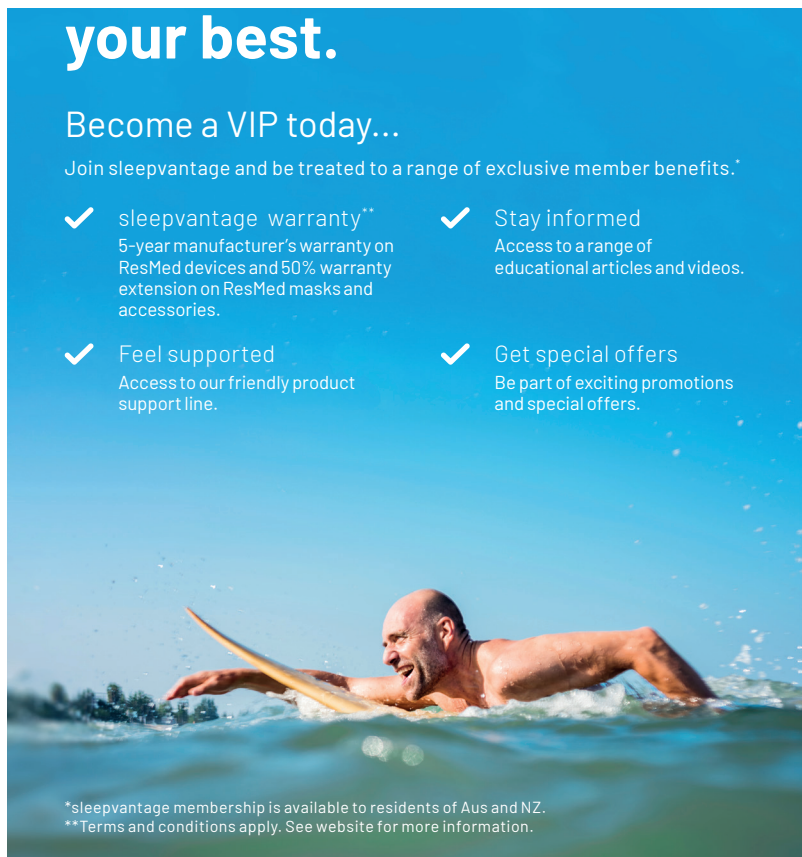
You may request to terminate your membership at any time by contacting the sleepvantage member support line. This will terminate your extended manufacturer's warranty as well*. If you have any questions or require any further information on sleepvantage, please contact us:

📧 sleepvantage.com.au

☎ 1300 305 705 (AUS) or 0800 737 633 (NZ)

✉ info@sleepvantage.com.au

*sleepvantage membership is available to residents of Aus and NZ.
**Terms and conditions apply. See website for more information.



CONTACT DETAILS

Title: _____ First Name: _____

Last Name: _____

Email: _____ Gender: _____

Phone Number: _____ Mobile Number: _____

Address: _____

Suburb: _____ State/Region: _____

Country: _____ Date of Birth: (dd/mm/yyyy) _____

Do you have the membership reference number? ☐ Yes ☐ No

If yes, reference number: _____

YOUR DEVICE

ResMed device purchased: _____

Serial number: _____

YOUR MASK

ResMed mask purchased: _____

Mask size: _____

Promotional code (if applicable): _____

If you are not using a ResMed mask,
please confirm which mask you are using: _____

YOUR SLEEP HEALTH PRODUCT

Sleep Health product purchased: _____

TAX INVOICE DETAILS

Purchase date (dd/mm/yyyy) _____

Copy attached ☐ Yes ☐ No

Purchased from: _____

Additional comments: _____

Signature: _____ Date: _____

☐ Keep me informed about sleepvantage, including sleepvantage benefits, products and offers that may be of interest to me.