## **Beiersdorf**

## **CLAIM FORM**

Salutation* First Name*:	Mr.	Ms.
Last Name*:		
Email Address*:		
Date of Birth*:		
House Number*:		
Street*:		
Apartment* (if applicable):		
Town/City*:		
Province*:		
Postal Code*:		
Phone Number*:		
Date of Purchase*:		
Today's date*:		
Product was used from		*

Product that was used\*:

■ NIVEA MEN ANTI-WRINKLE 2IN1 POWER SERUM

## **Beiersdorf**

## **CLAIM FORM**

- Terms and Conditions.

Store	e where I purchased product*:				
	Walmart				
	www.walmartca				
	Shoppers Drug Mart				
	Pharmacie Jean-Coutu				
	London Drug				
	Rexall				
	Loblaw				
	Well.ca				
	Amazon.ca				
	Uniprix				
	Pharmaprix				
	Other Canadian retailer				
	Other Canadian online retailer				
Please tell us why you are not satisfied:					
* Manadatory field					

By submitting your data you confirm that you have read and agreed to the Beiersdorf <a href="Privacy Policy">Privacy Policy</a>

By submitting my form, I confirm having read and agreed to the NIVEA MEN

ANTI-WRINKLE 2IN1 POWER SERUM "See Results or your Money Back" Promotion