CLAIM FORM

Salutation*	Mr. Ms
First name*:	
Surname*:	
Email address*:	
Date of birth*:	
House number*:	
Street*:	
Town/City*:	
Province*:	
Postal code*:	
Phone number:	
Date of purchase*:	
·	
Today's date*:	
Product was used from	* to*
NIVEA Q10 POWER NIVEA Q10 POWER	R Anti-Wrinkle + Firming Day Moisturizer 50ml R Anti-Wrinkle + Firming Day Moisturizer with SPF 30 50ml R Anti-Wrinkle + Firming Night Moisturizer 50ml R Anti-Wrinkle + Firming Replenishing Pearls 40ml R Anti-Wrinkle + Firming Eye Cream 15ml R Anti-Wrinkle + Pore Refine Day Moisturizer 50ml R Anti-Wrinkle + Fragrance Free Day Moisturizer 50ml R Anti-Wrinkle + Fragrance Free Night Moisturizer 50ml R Anti-Wrinkle + Moisture Replenishment Day Moisturizer 50ml
	R Anti-Wrinkle + Moisture Replenishment Night Moisturizer 50ml
INIVEA Q10 POWER	R Anti-Wrinkle Triple-Action Facial Oil 30 ml

CLAIM FORM

	NIVEA Q10 ENERGY Anti-Wrinkle Day Moisturizer with Vitamin C+E+Q10 Coenzyme 50ml
	NIVEA Q10 ENERGY Anti-Wrinkle Night Day Moisturizer with Vitamin C+E+Q10 Coenzyme Q10 50ml
	NIVEA Q10 ENERGY Anti-Wrinkle Eye Cream 15ml
	where I purchased product*: Walmart www.walmart.ca Shoppers Drug Mart Pharmacie Jean-Coutu London Drug Rexall Loblaw Well.ca Amazon.ca Other Canadian retailer Other Canadian online retailer et ell us why you are not satisfied:
* Mano	datory field
	*By submitting my form, I confirm having read and agreed to the NIVEA® Q10 "Satisfaction Guaranteed or Your Money Back" Promotion - Terms and Conditions.

By submitting your data you confirm that you have read and agreed to the **Beiersdorf Privacy Policy**.