

CLAIM FORM

Salutation* Mr. Ms.

First Name*:

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 _____ to _____ *

Product that was used*:

- Luminous630 Dark Spot Solution eye cream anti-dark circles, 15ml
- Luminous630 Dark Spot Solution even tone cream, 50ml
- Luminous630 Dark Spot Solution advanced serum, 30ml
- Luminous630 Dark Spot Solution Post-Acne marks serum, 30ml
- Luminous630 Dark Spot Solution Anti-Wrinkle & Spot serum, 30ml

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Store where I purchased product*:

- Walmart
- www.walmart.ca
- 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:

* Mandatory field

- By submitting my form, I confirm having read and agreed to the NIVEA Q10 “See Results 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](#)