

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*:

date*:

Product was used from

to

*

Product that was used*:

NIVEA LUMINOUS630 DARK SPOT SOLUTION ADVANCED SERUM

NIVEA LUMINOUS630® DARK SPOT SOLUTION EVEN TONE CREAM

NIVEA LUMINOUS630® DARK SPOT SOLUTION ANTI-DARK CIRCLES EYE CREAM

CLAIM FORM

- NIVEA LUMINOUS630 DARK SPOT SOLUTION ADVANCED SERUM
- NIVEA LUMINOUS630® DARK SPOT SOLUTION EVEN TONE CREAM
- NIVEA LUMINOUS630® DARK SPOT SOLUTION ANTI-DARK CIRCLES EYE CREAM

Store 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

Please tell us why you are not satisfied:

* Mandatory field

- *By submitting my form, I confirm having read and agreed to the [NIVEA LUMINOUS630®](#)
[“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.](#)