

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 _____ *

Product that was used*:

- NIVEA Q10 POWER Anti-Wrinkle Firming Day Cream 50ml
- NIVEA Q10 POWER Anti-Wrinkle Firming Day Cream with SPF 30 50ml
- NIVEA Q10 POWER Anti-Wrinkle Replenishing Night Cream 50ml
- NIVEA Q10 Anti-wrinkle Night Repair Ultra Recovery Night Serum 30ml
- NIVEA Q10 Anti-Wrinkle Firming Eye Cream 15ml
- NIVEA Q10 Anti-Wrinkle Pore Refine Day Cream 50ml
- NIVEA Q10 Anti-Wrinkle Fragrance Free Day Cream 50ml
- NIVEA Q10 Anti-Wrinkle Fragrance Free Night Cream 50ml
- NIVEA Q10 Anti-Wrinkle Moisture Replenishment Day Cream 50ml
- NIVEA Q10 Anti-Wrinkle Moisture Replenishment Night Cream 50ml
- NIVEA Q10 Power Anti-wrinkle Triple Action Facial Oil 30 ml

CLAIM FORM

- NIVEA Q10 ENERGY Anti-Wrinkle Day Cream with Vitamin C+E+Q10 Coenzyme 50ml
- NIVEA Q10 ENERGY Anti-Wrinkle Night Day Cream with Vitamin C+E+Q10 Coenzyme Q10 50ml

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® 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.](#)