

# YOUR PERSONAL CASHBACK APPLICATION FORM

## YOUR PERSONAL DATA:

First name\*: \_\_\_\_\_  
Surname\*: \_\_\_\_\_  
Street\*: \_\_\_\_\_  
Postal code\*: \_\_\_\_\_  
Location\*: \_\_\_\_\_  
Country\*: \_\_\_\_\_  
E-Mail\*: \_\_\_\_\_

## ADDRESS AQUA LUNG PRO SHOP:

Name\*: \_\_\_\_\_  
Street\*: \_\_\_\_\_  
Postal code\*: \_\_\_\_\_  
Location\*: \_\_\_\_\_  
Country\*: \_\_\_\_\_

## YOUR ACCOUNT DATA:

Account owner\*: \_\_\_\_\_  
Account number\*: \_\_\_\_\_  
IBAN\*: \_\_\_\_\_  
BIC\*: \_\_\_\_\_

## REGISTERED AQUA LUNG PRODUCTS:

Serial number i750TC\*: \_\_\_\_\_  
Serial number i450T\*: \_\_\_\_\_  
You can find it on the product packaging:



Please attach:

- A copy of the proof of purchase
- Original barcode of the product packaging

to this form and send it to:

## Aqua Lung GmbH

Josef-Schüttler-Straße 12 | 78224 Singen | Germany

\* Yes, I have read the terms and conditions of participation and accept them.

After the receipt of the claim for reimbursement, the applicant automatically receives an e-mail as a reply. If all prerequisites for a refund are met, the refund will be paid in the following month after receipt of the application.

\* Required fields are marked with an asterisk

Location, date

signature of applicant

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