

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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