

Consumer Warranty Class Action
c/o RicePoint Administration
P.O. Box 3355
London, ON N6A 4K3

APBQ



VISIT THE SETTLEMENT WEBSITE BY
SCANNING THE PROVIDED QR CODE

BADAQUI V. APPLE CANADA INC.

SUPERIOR COURT OF QUÉBEC

Court File N°: 500-06-000897-179

**Must Be Postmarked
No Later Than
June 23, 2025**

Consumer Warranty Cash Reimbursement Claim Form

| | | |
|---------------------------|----------------------|-----------------------------------|
| <input type="text"/> | | |
| Primary Address | | |
| <input type="text"/> | | |
| Primary Address Continued | | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| City | Province | Postal Code |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Foreign Province | Foreign Postal Code | Foreign Country Name/Abbreviation |

| | | |
|--------------------------|---|----------------------|
| <input type="text"/> | | |
| Email Address | | |
| <input type="text"/> | — | <input type="text"/> |
| Primary Telephone Number | | |

To help accelerate the processing of your claim, feel free to complete this form online at www.ConsumerWarrantyClassAction.com.

If you cannot complete this form online, please send to:

**Consumer Warranty Class Action
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P.O. Box 3355
London, ON N6A 4K3**



| | | | | |
|----------------------------------|-------------------------|-------------------------|--|---|
| FOR CLAIMS PROCESSING ONLY | OB <input type="text"/> | CB <input type="text"/> | <input type="radio"/> DOC <input type="radio"/> LC <input type="radio"/> REV | <input type="radio"/> RED <input type="radio"/> A <input type="radio"/> B |
|----------------------------------|-------------------------|-------------------------|--|---|

Declaration

I declare that I am the person who purchased AppleCare in an Apple store in Quebec between December 29, 2015 and January 26, 2023.

I declare that I was not informed orally and in writing of the existence of the legal warranty when purchasing AppleCare, pursuant to the requirements of the *Consumer Protection Act* and its relevant regulation.

I declare that all the information provided herein is true and correct.

Signature: _____

Dated (mm/dd/yyyy): _____

Print Name: _____

Please send your signed claim form by mail to the address below by **June 23, 2025**

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Payments via Interac E-transfer will be processed faster. **If you wish to receive your payment via Interac E-transfer, please check this box.**

