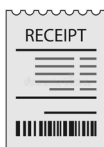


INCLUDE THIS PART INSIDE YOUR ENVELOPE

Submission checklist:



10 bottom flaps

10 receipts

This printed form

Phone:

Email:

Sign and date your submission:

By signing, you agree that tampering with, altering, or falsifying purchase information related to your HYLO®, HYLO-DUAL®, HYLO®GEL or HYLO DUAL INTENSE™ bottles constitutes fraud and will result in your submission being denied.

Your signature

Date of signature

AFFIX THIS PART ON TOP OF YOUR ENVELOPE

Complete, cut out and affix this label to your envelope and mail it to us:

From/Exp.:

Name: _____

Address: _____

City: _____

Province: _____

Postal code: _____

To/Dest.:

Candorvision
CP 23073 Vendome,
5038 Sherbrooke West
Montreal QC H4A 1T0



If you have any questions or if you need assistance with your submission call our customer service at **(514) 380-5270** or by e-mail at **patients@candorvision.com**