

## ELIGIBILITY VERIFICATION FORM FOR HEATER COMPENSATION

### INFORMATION ABOUT THE CLAIMANT

First name: \_\_\_\_\_ Last name: \_\_\_\_\_

Address: \_\_\_\_\_  
No., street, condo

City: \_\_\_\_\_ Province: \_\_\_\_\_

Postal code: \_\_\_\_\_ Country: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

### INFORMATION ABOUT THE PRODUCT

Name of store where the heater was purchased, if known: \_\_\_\_\_

City, if known: \_\_\_\_\_

- Model number (check):
- OCC4800
  - OCH4800
  - OCH4800WB
  - OCH4800RF
  - OAE5000T
  - CCG4800
  - CHG4800
  - ECH48
  - CH48



Year of manufacture, if known: \_\_\_\_\_  
YYYY

Attachments (check all applicable):

- Photo of the nameplate (manufacturing label of the heater)
- Sales invoice, showing the heater bought and purchase date
- Photo of the heater

After checking the claim, we will confirm your eligibility by email, within three (3) business days of its receipt.

If you have any questions about this form, please call **1-800-463-7043**, ext: **221** or email us at **classaction\_heaters@ouellet.com**.

This form can also be mailed to the following address: Ouellet Canada Inc, 180, 3<sup>rd</sup> Avenue L'Islet, (Quebec) G0R 2C0  
Att: Heater compensation.

Only one claim can be submitted per heater, subject to eligibility. Any additional claims for the same heater will be refused.

I confirm that the information provided in this document is true and accurate, and I acknowledge that knowingly submitting a false claim may constitute civil or criminal fraud.

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
YYYY/MM/DD

**Submit**

*Did you answer all the questions?*