

Terms and Conditions

1. The claim form contains instructions on how to claim your money back. The instructions on the claim form are part of these terms and conditions.
2. The Satisfaction Guarantee only applies to ACUVUE® Brand Contact Lenses.
3. Only one claim per person. Only claims made using an official claim form will be accepted.
4. All refunds are 100 % of cost of the lenses and will be paid by cheque, made payable to the name on the claim form, and received within 28 days of processing a valid claim.
5. Johnson & Johnson Medical Ltd. can accept no responsibility for claims lost, delayed or damaged in the post. Claim forms with inadequate address details or that are incomplete, damaged, photocopied or illegible will be rejected. Proof of posting is not proof of delivery.
6. All claims must be accompanied by an original proof of purchase indicating the price paid for the lenses.
7. All claims for 1-DAY ACUVUE® TruEye®, 1-DAY ACUVUE® MOIST and 1-DAY ACUVUE® MOIST for ASTIGMATISM must be accompanied by a minimum of 75% of the quantity of contact lenses purchased at the normal market price, in their original and undamaged blisters. All claims for ACUVUE OASYS®, ACUVUE OASYS® for ASTIGMATISM, ACUVUE OASYS® for PRESBYOPIA and ACUVUE® ADVANCE® must be accompanied by a minimum of 65% of the quantity of contact lenses purchased at the normal market price, in their original and undamaged blisters.
8. Claims can be made for a maximum of 1 year's supply of contact lenses.
9. Claims can only be processed once you have informed your optician that you are dissatisfied.
10. Professional fees for eye examinations or other services are not included in this offer.
11. Promoter: Johnson & Johnson Vision Care Companies, part of Johnson & Johnson Medical Ltd. Pinewood Campus, Nine Mile Ride, Wokingham, Berkshire RG40 3EW

*Terms and conditions apply. See www.acuvue.co.uk for details.

Your statutory rights are not affected.

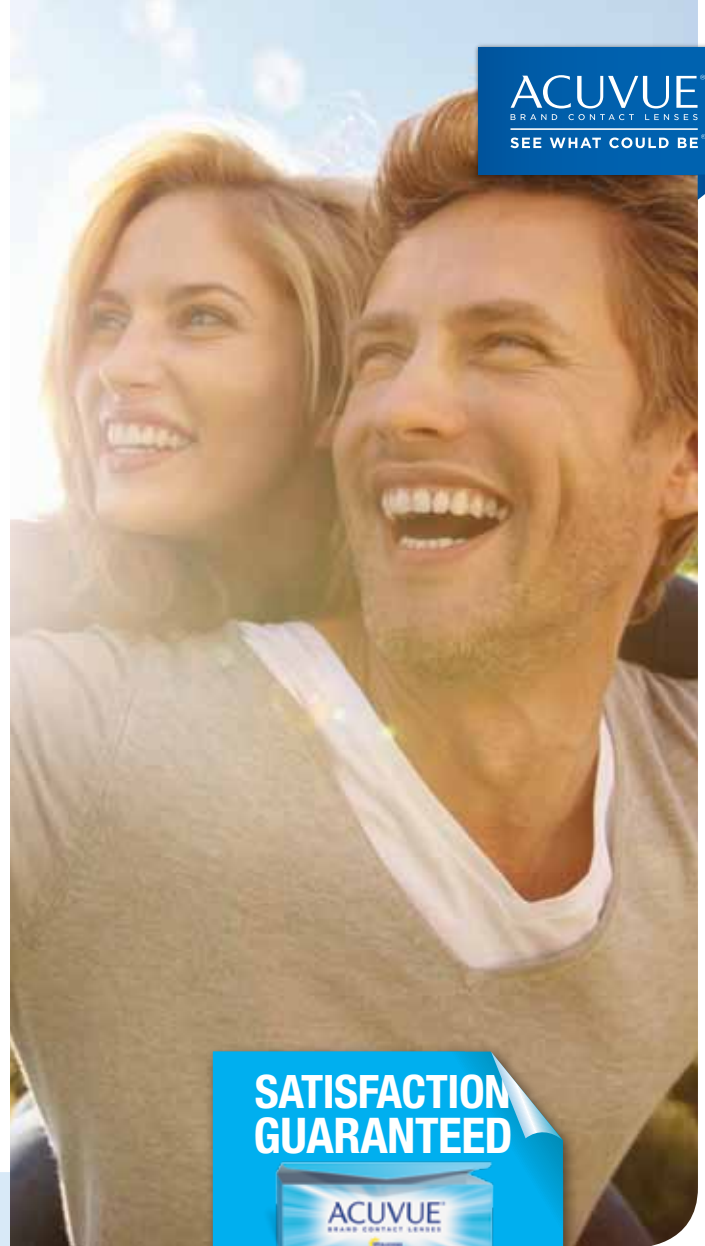
1. Independent market research survey, 2012, 14 markets across Europe and Russia via online questionnaire with ACUVUE® wearers from each market, data on file; Current ACUVUE® Brand Contact Lenses wearers n=2762.

ACUVUE®, 1-DAY ACUVUE® TruEye®, 1-DAY ACUVUE® MOIST, ACUVUE OASYS®, ACUVUE® ADVANCE®, HYDRACLEAR®, LACREON® and SEE WHAT COULD BE® are trademarks of Johnson & Johnson Medical Ltd. © Johnson & Johnson Medical Ltd. 2015 13DECPOS04

My Optician:

www.acuvue.co.uk

ACUVUE®
BRAND CONTACT LENSES
SEE WHAT COULD BE®



SATISFACTION
GUARANTEED

OR YOUR MONEY BACK*

Satisfaction guaranteed
with ACUVUE® Brand Contact Lenses
or your money back.*

Quality that's convincing

ACUVUE® Brand Contact Lenses offer incredibly high standards of quality and comfort. This is why your optician has recommended them to you, and there are many satisfied contact lens wearers who would agree!

Because so many people choose to wear ACUVUE® Contact Lenses, we are confident that you will also enjoy great vision, comfort and health, and appreciate their benefits. But if for some reason you're unhappy with your purchase, we will give you a full refund.

How to claim your money back

The first thing to do is to contact your optician to discuss your concerns and, if necessary, to arrange an appointment.

If, after seeing your optician, you are still not fully satisfied, please fill in the claim form and send it to the address indicated on the form, together with your receipt from your original purchase of the lenses and the remaining contact lenses in their original and undamaged blisters.

Please note that this satisfaction guarantee covers the cost of the contact lenses only. No refunds will be issued for fitting or consultation fees.

Please see full terms and conditions (on reverse) for details.



Claim form

Please fill in this claim form and send it together with your original receipt from the purchase of the lenses and the remaining contact lenses in their original packaging to the following address: ACUVUE® SATISFACTION GUARANTEED, P.O. BOX 1523, MARLOW, BUCKS, SL7 1BT, UK. Make sure you complete all the sections to avoid any delay with processing your claim.

Personal information provided on the claim form will only be used to administer this offer and for no other purpose, and will not be supplied to any third parties in accordance with the Data Protection Act 1998.

Name _____

Address _____

City/Town _____

Postcode _____

Telephone number _____

Name and address of your optician

Product purchased

- | | | |
|--|--|--|
| <input type="checkbox"/> 1-DAY ACUVUE® TruEye® | <input type="checkbox"/> 1-DAY ACUVUE® MOIST | <input type="checkbox"/> 1-DAY ACUVUE® MOIST for ASTIGMATISM |
| <input type="checkbox"/> ACUVUE OASYS® | <input type="checkbox"/> ACUVUE OASYS® for ASTIGMATISM | <input type="checkbox"/> ACUVUE OASYS® for PRESBYOPIA |
| <input type="checkbox"/> ACUVUE® ADVANCE® | | |

I confirm that I have enclosed a minimum of:

- | | |
|--|--|
| <input type="checkbox"/> 75 % of the original quantity of ACUVUE® daily disposable contact lenses (see Condition 7.) | <input type="checkbox"/> 65 % of the original quantity of ACUVUE® reusable contact lenses (see Condition 7.) |
|--|--|

Number of contact lens boxes purchased

Amount claimed

Date of purchase

 / /

Reason for dissatisfaction _____

Yes, I confirm my optician is aware of my dissatisfaction