

Your claim must
be submitted
online or
postmarked by:
March 17, 2017

Wood v. J Choo USA, Inc., U.S.D.C.,
Southern District of Florida,
Case No. 9:15-cv-81487-BB

CHO

CLAIM FORM

TO RECEIVE BENEFITS FROM THIS SETTLEMENT, YOU MUST PROVIDE ALL OF THE INFORMATION BELOW AND YOU MUST SIGN THIS CLAIM FORM. IF THIS CLAIM FORM IS SUBMITTED ONLINE, YOU MUST SUBMIT AN ELECTRONIC SIGNATURE. If mailed, return this form to:

Choo Claims Administrator
1801 Market Street, Ste 660
Philadelphia PA, 19103

YOUR CLAIM FORM MUST BE SUBMITTED OR POSTMARKED ON OR BEFORE MARCH 17, 2017.

1. CLAIMANT INFORMATION:

CLAIM ID: (If you received a postcard or email Notice, please enter the Claim ID located on the Notice)

FIRST NAME

MIDDLE INITIAL

LAST NAME

ADDRESS 1

ADDRESS 2

CITY

STATE

ZIP

(optional)

TELEPHONE NUMBER (optional)

EMAIL ADDRESS (if available)

2. AFFIRMATION:

By signing below, I attest that above-named person made an in-person transaction at a Jimmy Choo store in the United States, using a debit or credit card, and received a printed receipt displaying a card expiration date, between October 27, 2013, and November 2, 2015 to the best of my knowledge and belief. If I am not the above-named person, I attest that I am acting on that person's behalf and have authority to act on his or her behalf. This Claim Form may be researched and verified by the Claims Administrator.

Signature: _____

Date: _____

Name (please print): _____

QUESTIONS?

VISIT www.ChooFACTASettlement.com
OR CALL 844-200-3956 or Class Counsel at 800-400-1098