



**MAZDA MOBILITY ASSISTANCE  
PROGRAMME  
CLAIM FORM**

Customer Information:

Name: \_\_\_\_\_  
(Note: The purchaser's or lessee's name must be identical to the name on the vehicle purchase or lease agreement)

Address: \_\_\_\_\_

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

Postal Code: \_\_\_\_\_ Telephone: \_\_\_\_\_

Vehicle Information:

Vehicle Identification Number: \_\_\_\_\_

Model (ie, CX-7, Tribute): \_\_\_\_\_

Delivery Date: \_\_\_\_\_

Name of Selling Dealership: \_\_\_\_\_

Dealership Code: \_\_\_\_\_  
(Ask your dealer to provide this number)

Modifications:    Hand controls        Wheelchair lift      
                          Other                Please specify \_\_\_\_\_

**I, the undersigned customer, hereby certify that my vehicle purchase/lease complies with the Mazda Mobility Assistance Programme eligibility requirements.**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Complete the claim form above and attach the following documents:

- A legible photocopy, from an Authorized Mazda Canada Inc. dealer, of the signed Bill of Sale or Lease Agreement for the Mazda vehicle;
- A legible photocopy of paid invoice(s) for adaptive driving aids/mobility assistance equipment installed on the purchased vehicle;
- A Physician's statement identifying the reason(s) for mobility assistance.

All claims must be received within three (3) months of purchase to be eligible for payment.

Please remit the completed form, along with your documents, to:

MAZDA CANADA INC.  
Mazda Mobility Assistance Programme  
55 Vogell Road  
Richmond Hill, ON  
L4B 3K5