



MAZDA MOBILITY ASSISTANCE PROGRAM CLAIM FORM

Customer Information:

Name: _____
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 (i.e. CX-9, Mazda5): _____ Delivery Date: _____

Name of Selling Dealership: _____

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 Program eligibility requirements.

Signature: _____ Date: _____

Complete the information requested above and attach the following documents:

1. A legible photocopy, from an Authorized Mazda Canada Inc. dealer, of the signed Bill of Sale or Lease Agreement for the Mazda vehicle;
2. A legible photocopy of paid invoice(s) for adaptive driving aids/mobility assistance equipment installed on the purchased vehicle;
3. A Physician's statement identifying the specific reason(s) for mobility assistance.
4. **Note that Vehicle Accessories are not eligible for reimbursement. Please refer to the Program Guide for further information on excluded items.**

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 Program
55 Vogell Road
Richmond Hill, ON
L4B 3K5