

Shalika v. Asahi Beer Settlement Administrator
P.O. Box 404000
Louisville, KY 40233-4000



AHK

Shalika v. Asahi Beer U.S.A., Inc.

SUPERIOR COURT OF THE
STATE OF CALIFORNIA,
COUNTY OF LOS ANGELES

Case No. BC702360

Must Be Postmarked No Later Than May 3, 2019

Settlement Claim Form

CLAIMANT INFORMATION

<input type="text"/>	<input type="text"/>	<input type="text"/>
First Name	M.I.	Last Name
<input type="text"/>		
Primary Address		
<input type="text"/>		
Primary Address Continued		
<input type="text"/>	<input type="text"/>	<input type="text"/>
City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>
Foreign Province	Foreign Postal Code	Foreign Country Name/Abbreviation

Mail your completed Claim Form to:
Shalika v. Asahi Beer Settlement Administrator
P.O. Box 404000
Louisville, KY 40233-4000

You may also submit your Claim Form online at www.AsahiBeerSettlement.com.

1. Indicate the Number of Qualifying Asahi Beer Products Purchased between April 5, 2013 and December 20, 2018.

- Big Bottles (21.4 ounce bottles) (claim value of \$0.10 each)
- 6-packs of 12 ounce bottles or cans (claim value of \$0.50 each)
- 12-packs of 12 ounce cans (claim value of \$1.00 each)
- 24-packs of 12 ounce cans (claim value of \$2.00 each)

2. Proof of Purchase. While proof of purchase is not required to submit a Claim Form, the Settlement Administrator has the right to request verification or more information regarding the purchase of the products for the purpose of preventing fraud. If you do not timely comply or are unable to produce documents or additional information to substantiate the information on this Claim Form if that information is requested of you specifically and the Claim is otherwise not approved, the Settlement Administrator may disqualify your Claim.

3. Sign the Claim Form. I declare, under penalty of perjury, that the information in this Claim Form is true and correct to the best of my knowledge, and that I purchased the product(s) claimed above during the Class Period for personal or household use and not for resale. I understand that my Claim Form may be subject to audit, verification, and Court review.

Signature: _____

Dated (mm/dd/yyyy): _____

Print Name: _____



FOR CLAIMS PROCESSING ONLY	OR <input type="text"/>	CB <input type="text"/>	<input type="radio"/> DOC <input type="radio"/> LC <input type="radio"/> REV	<input type="radio"/> RED <input type="radio"/> A <input type="radio"/> B
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