TIRE SAFETY RECALL PROGRAM 23_T006

Instructions for Filing a Continental Tire Canada (CTC) Reimbursement Request Form This form is to be used by any consumer who purchased tire(s) eligible for reimbursement under the CTC Tire Safety Recall Program. The tires included in the CTC Tire Safety Recall Program are:

<table>
<thead>
<tr>
<th>Brand</th>
<th>Tire Line</th>
<th>Tire Size</th>
<th>L&amp;S Index</th>
<th>Article</th>
<th>DOT</th>
<th>ONLY these DOT Weeks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Continental</td>
<td>CrossContact LX25</td>
<td>235/55 R18</td>
<td>100H</td>
<td>15491450000</td>
<td>1H3LWB85</td>
<td>1423 and 1623</td>
</tr>
<tr>
<td>Continental</td>
<td>CrossContact LX25</td>
<td>225/65 R17</td>
<td>102H</td>
<td>15509980000</td>
<td>11H0F9HLH</td>
<td>1423, 1523, 1623 and 1723</td>
</tr>
</tbody>
</table>

To be eligible for reimbursement you must complete a Reimbursement Request Form and submit this form with the required documents to CTC by July 31, 2024.
- For Replacement tires:
  - A copy of the receipt showing the purchase of the recalled tire(s)
  - A copy of the receipt showing the purchase of the replacement tire(s)

Customer Information Please print clearly File # ______________
Customer Name: ___________________________________________________
Address: ___________________________________________________________
City: __________________ State: __________________ Zip code: ____________
Daytime Phone (including area code) ( ) __________

Recall Tire Information
Line: ________________
DOT: ________________
DOT week ________________

Replacement Tire Information
Name of Dealer where tires were purchased: ____________________________
Dealer street address: _______________________________________________
City: __________________ State: __________________ Zip code: ____________
Dealer Phone Number (including area code) ( ) __________ Date of purchase ________

Vehicle Information: Year ______________ Make ______________ Model ______________

Amount Paid $______
Attach sales receipt (original or copy) that identifies the replacement tires and the total amount paid. Reimbursement will be based on submitted sales receipt, not to exceed a suggested retail price of the tire.

Upon approval of your request a refund will be mailed. Please allow 8 weeks for processing.
My signature below certifies that the information contained in this Request is true and accurate.
Signature ____________________________________ Date ________________________

Email or Mail Completed Form and a copy of the purchase receipt to:

Email to: continentaltire@custhelp.com

Mail to:
Continental Tire Canada, Inc.
1 Robert Speck Parkway, Suite No. 900
Mississauga, Ontario
L4Z 3M3
Phone: 1-855-453-1962