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**MUST BE FILED  
ONLINE OR  
POSTMARKED  
NO LATER THAN  
OCTOBER 3, 2019**

**PATRICK VENIERIS v.  
PVH RETAIL STORES LLC**

**For Office Use  
Only**

**CLAIM FORM**

**YOU MUST SUBMIT YOUR CLAIM FORM NO LATER THAN OCTOBER 3, 2019.**

**PERSONAL INFORMATION.** Please legibly print or type the following information requested below. *This information will be used to deliver your Merchandise Certificate and communicate with you if any problems arise with your claim.*

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
Residential Street Address or P.O. Box

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip code

\_\_\_\_\_  
Email address @ \_\_\_\_\_

(\_\_\_\_) \_\_\_\_\_  
Phone Number

**CONFIRMATION OF CLASS MEMBERSHIP.** I declare that I believe, between August 30, 2017 and May 21, 2019, I made a purchase from a Tommy Hilfiger outlet store located in Arizona which was not returned by me, on my behalf or otherwise. Proof of my purchase is attached.

Please provide information about the purchase that you are claiming above:

Approximate Month and Year of Purchase	Approximate Location (City of Outlet Center) of Purchase	Approximation of Total Spent on Claimed Items
____ / ____	_____	\$ _____ . ____

Please send Claim Form and Proof of Purchase to the Claims Administrator at:

**Venieris v. PVH Retail Stores  
c/o Claims Administrator  
P.O. Box 58188  
Philadelphia, PA 19102-8188**

*The Claims Administrator and/or PVH Retail may verify your claim.*



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**EMAIL ADDRESS FOR MERCHANDISE CERTIFICATE DELIVERY.** Please confirm the email address to which you would like the Merchandise Certificate delivered.

\_\_\_\_\_ @ \_\_\_\_\_.

**ACKNOWLEDGEMENT.** I have received notice of the class action Settlement in this case and I am a member of the class of persons described in the Notice. I agree to release all the claims, known and unknown, stated in Section 2.9 of the Settlement Agreement. I submit to the jurisdiction of the Superior Court of Arizona, in and for the County of Maricopa, with regard to my claim and for purposes of enforcing the release of claims stated in the Settlement Agreement. I am aware that I can obtain a copy of the full notice and Settlement Agreement at [www.VenierisSettlement.com](http://www.VenierisSettlement.com) or by writing the Claims Administrator at the email address [info@VenierisSettlement.com](mailto:info@VenierisSettlement.com) or the postal address **Venieris v. PVH Retail Stores c/o Claims Administrator, P.O. BOX 58188, Philadelphia, PA 19102-8188**. I agree to furnish additional information to support this claim if required to do so.

**I declare under penalty of perjury under the laws of the State of Arizona that the foregoing is true and correct to the best of my knowledge.**

Dated: \_\_\_ \_\_\_ / \_\_\_ \_\_\_ / \_\_\_ \_\_\_ \_\_\_

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



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