

Claim Form



Casting Academy®

Filling in your Claim Form

- Please check how many Casting Academy points you have (see your latest statement)
- Enter the product code and description of your chosen item
- Enter the quantity of each item
- Ensure that ALL contact details are completed
- If completing this form in electronic format, please ensure the Primary Member emails this form with their agreement for this redemption

Returning your Claim Form

Please return this form via:

E-mail: CastingAcademy.UK@essity.com

Fax: 01482 670111

Post: Essity, PO Box 258, Willerby, Hull, HU10 6FE

Please complete ALL sections in BLOCK CAPITALS

Casting Academy Membership No: _____ Primary Member Name: _____

Hospital Name: _____

Full Address (including department): _____

_____ Post Code: _____

Email Address of Primary Member: _____

Direct Line: _____ Signed by Primary Member: _____

Full Description of Item	Quantity Requested	Points

Office Use Only	Total Points
Date of Redemption	
Points Available	
Account Manager	