

Select One Below:

Fath Class Action

Kojikian Class Action

**American Honda Motor Co., Inc.
Class Action Appeal Claim Form**

FOR NCDS USE

CASE NUMBER:

CUSTOMER NAME AND ADDRESS

<input type="checkbox"/> Mr.	First name _____	MI _____	Last name _____
<input type="checkbox"/> Mrs.	Street address _____		
<input type="checkbox"/> Ms.	_____		
	City _____	State _____	Zip Code _____
Day phone _____	Evening phone _____	Email _____	

VEHICLE INFORMATION

Name(s) that appears on the vehicle title: _____			
Is this a leased vehicle: Yes <input type="checkbox"/> No <input type="checkbox"/>		Delivery Date: _____	
Was this vehicle purchased used? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Make: _____	Model: _____	Year: _____	Current mileage: _____
Vehicle Identification Number: _____			
Selling dealer and address: _____			
Primary Servicing Dealer: _____			

APPEAL CLAIM: (Attach legible **copies** of applicable repair orders, invoices and other documents that support your class action appeal claim):

Describe appeal claim here:

Reimbursement Amount Sought:

Printed Name(s) _____

X _____
SIGNATURE(S) DATE

<p>Return all copies of this form to:</p> <p>National Center for Dispute Settlement P.O. Box 515831 Dallas, TX 75251-515831 (or email to: info@ncdsusa.org)</p>
