

REIMBURSEMENT PLAN

Requirements for Reimbursement

If you meet **all** of the following requirements, you are eligible to receive reimbursement under this plan:

1. You own or have owned a 2016 CX-3 vehicles produced from March 10, 2015 through December 2, 2015, 2014-2016 CX-5 vehicles produced from January 19, 2013 through December 2, 2015, 2013-2015 CX-9 vehicles produced from December 6, 2012 through October 2, 2015, and 2013-2014 Mazda2 vehicles produced from April 24, 2013 through August 22, 2014. (Note: We do not require proof of registration or title.)
2. You have paid for inspection, repair or replacement of the attachment nuts and bolts for the front strut assembly to the steering knuckle due to conditions similar to this Recall 9316D, prior to May 2016.
3. You have an original or legible copy of the paid repair order or invoice receipt showing:
 - Vehicle model and year, and vehicle identification number (VIN)
 - Your name and address at the time of repair
 - Description of the concern reported
 - Inspection, repair or replacement of the attachment nuts and bolts for the front strut assembly to the steering knuckle

PLEASE DO NOT SUBMIT THIS FORM WITHOUT THE ABOVE DOCUMENTATION.

4. Mail this reimbursement application form with the applicable payment receipts in the enclosed envelope to:

**Mazda North American Operations
Attn: Recall Reimbursement Dept.
P.O. Box 57085
Irvine, CA 92619-7085**

Procedure for Reimbursement Request

If your vehicle has had the front suspension or related parts inspected, repaired or replaced due to conditions similar to this Recall 9316D prior to May 2016, you may apply for reimbursement by doing the following:

1. Complete the Reimbursement Application Form found on the reverse side of this page.
2. Once your vehicle has been inspected and repaired according to the recall instructions, mail the Reimbursement Application Form with a legible copy of the paid repair order and/or invoice using the enclosed envelope. **Include any applicable payment receipts, i.e. credit card receipt, cancelled check, etc.**
3. **Retain copies** of the paid repair order or invoice and this application form for your records.
4. You will be reimbursed for the amount you have paid for the inspection, repair or replacement of the attachment nuts and bolts for the front strut assembly to steering knuckle.

If you wish to correspond with Mazda regarding this reimbursement plan, please write to the above address and refer to your vehicle identification number (VIN).

Any reimbursement application form that is incomplete, illegible, or sent without the legible copy of the paid repair order or invoice will be returned for completion. If Mazda has any questions concerning your application for reimbursement, you may be contacted. Please allow 6-8 weeks for processing.

(SEE REVERSE SIDE FOR APPLICATION FORM)

REIMBURSEMENT APPLICATION FORM

2016 CX-3, 2014-2016 CX-5, 2013-2015 CX-9 and 2013-2014 Mazda2
Front Suspension - Safety Recall 9316D

REQUIRED DOCUMENTATION MUST ACCOMPANY THIS FORM. SEE PAGE 1.

(Please type or print)

Name:	_____	_____	_____
	First	Middle	Last
Address:	_____		
	Street Address		
	_____	_____	_____
	City	State	Zip Code
Phone Number:	Home:	_____	
	Work:	_____	
Email:	_____		
Vehicle Identification Number (VIN):	_____		
	(17 digits in length)		
Total Amount of Reimbursement Requested:	_____	.	_____
	Dollars		Cents

INSTRUCTIONS FOR GENERAL RELEASE DESCRIBED BELOW:

- Please read thoroughly
- Fill in vehicle identification number
- Sign the General Release (below)

General Release

I am submitting to Mazda Motor Corporation ("Mazda") a claim for reimbursement for inspection, repair or replacement of the attachment nuts and bolts for the front strut assembly to steering knuckle performed to date. The vehicle identification number (VIN) is:

VIN: _____

In exchange for Mazda's payment of that claim, I hereby release Mazda, its agents, and its related entities from all claims for such inspection/repair costs. This release shall benefit Mazda and its authorized agent Mazda North American Operations, its regions/distributors (foreign and domestic), its authorized dealerships, and all their respective directors, officers, agents, employees, divisions, subsidiaries, and affiliated companies. This release shall bind my heirs, successors and assigns.

Dated: _____ Signed: _____

(SEE REVERSE SIDE FOR REIMBURSEMENT PLAN DETAILS)