

Nastygal Settlement Administrator
P.O. Box 43523
Providence, RI 02940-3523



NYD

DeFranks v. NastyGal.com USA, Inc.
SOUTHERN DISTRICT OF FLORIDA
Case No. 1:19-cv-23028-DPG

**Must Be Postmarked
No Later Than
September 18, 2020**

Claim Form

CLAIMANT INFORMATION

First Name										M.I.		Last Name									
Primary Address																					
Primary Address Continued																					
City												State			ZIP Code						
Foreign Province								Foreign Postal Code							Foreign Country Name/Abbreviation						

Return this Claim Form to: Nastygal Settlement Administrator, P.O. Box 43523, Providence, RI 02940-3523.
Questions, visit www.NastygalTCPAsettlement.com or call 1-866-726-4019.

DEADLINE: THIS CLAIM FORM MUST BE POSTMARKED BY SEPTEMBER 18, 2020, BE FULLY COMPLETED, BE SIGNED UNDER OATH, AND MEET ALL CONDITIONS OF THE SETTLEMENT AGREEMENT.

YOU MUST SUBMIT THIS CLAIM FORM TO RECEIVE A SETTLEMENT PAYMENT.

Please note that if you are a Settlement Class Member, the Settlement Class Member Verification section below requires you to state, under penalty of perjury, that all information contained therein is true and correct. This Claim Form may be researched and verified by the Settlement Administrator.

Telephone Number on the Date you Received a Text Message																					
Email Address (if any)																					
Current Phone Number (Please provide a phone number where you can be reached if further information is required.)												or			fill if same as above						
Claim ID																					



FOR CLAIMS PROCESSING ONLY	OB	CB	<input type="radio"/> DOC	<input type="radio"/> RED
			<input type="radio"/> LC	<input type="radio"/> A
			<input type="radio"/> REV	<input type="radio"/> B

Settlement Class Member Verification

By submitting this Claim Form, I declare under penalty of perjury that I am a member of the Settlement Class, defined as “**All persons who (1) were sent a text message on their cellular telephone, (2) by or on behalf of Defendant, (3) between July 1, 2015 and June 7, 2020, (4) using an automatic telephone dialing system, (5) for the purpose of soliciting Defendant’s goods and services, (6) without prior express written consent.** I further declare under penalty of perjury that I am the current subscriber of the cellular telephone mentioned in subsection (ii) above, and that the information provided herein is true and correct.

Additional information regarding the Settlement can be found at www.NastygalTCPAsettlement.com.

I declare under penalty of perjury that the foregoing is true and correct.

Signature: _____

Dated (mm/dd/yyyy): _____

Print Name: _____

If you have questions, you may call the Settlement Administrator at 1-866-726-4019.

