

TAMRON

Lens Registration

Thank you for purchasing a Tamron lens! Please complete this form so that we may assist you in registering your new lens.

First Name

Last Name

Country

Address

City

State/Province/Territory

Zip/Postal Code

Email

Receive Tamron Info by email *

yes

no

Cell Phone

Date of Purchase

Internet sale?

yes

no

Store Name

City

State/Province

Lens Purchased

Please include focal length - model number from the bottom of the box or on the lens (e.g., 150-500mm - Model A057S)

Mount

Canon

Fujifilm

Nikon

Nikon (Z)

Pentax

Sony

Micro Four Thirds

Serial Number of Lens

Email this completed form with your dated sales receipt to warranty@tamron.com