

ACTIVISION®

PRODUCT REGISTRATION



Thank you for choosing this Activision product. We are always keen to improve our products; hence as a valued Activision customer we ask you to complete this Customer Survey.

This survey has been compiled and produced with the help of ICD Marketing Services Limited, a company specialising in this field. It is designed to provide us with a complete picture of the people who purchase ACTIVISION products and to help us focus our efforts on meeting the needs of all our customers.

It is important that we involve as many of our customers as possible, so please spare us a few minutes of your time to complete this survey.

The questions are straightforward and you are under no obligation to answer them: some questions are about you and, if appropriate, about your partner. Any information you provide will be treated with great care. It will be processed and held by ICD and will always be safeguarded under the terms and conditions of the Data Protection Act. Our objective is to find ways to give you and all our customers the best possible service and to let you know about new services from ACTIVISION. Your answers will be used, both by ICD and ourselves, for analytical and marketing purposes and may be passed on to other organisations, who may wish to send you details of products and services that are likely to be of interest to you, based on your answers. If you would prefer not to receive these offers, please tick the box at the end of the survey.

PRIZE DRAW. A special Prize Draw is held on the last Friday of every month from all the questionnaires received since the last draw. The lucky winner will receive a cheque for the full value of the product purchased. Thank you for your help and good luck in the draw.

TO BE RETAINED BY CUSTOMER

In order to register your purchase with Activision you are required only to complete section 1 & 2.

Section 1. Name & Address

1. Please give your name in the way you should be addressed.

Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other ☐

Forename

Surname

Address

Town

County

Postcode

Home telephone number:

2. Marital Status Single ☐ Married ☐ Divorced ☐ Widowed ☐

Partner's surname

Partner's forename

3. Your date of birth:

4. Partner's date of birth:

5. Title of product purchased:

6. Date of purchase:

7. Version:

PC Dos ☐ Macintosh ☐ Playstation ☐

PC Windows 95 ☐ Saturn ☐

Other ☐

8. If you are under 18 and live with your parent(s), please give your parent(s) first names:

Father

Mother

Section 2. About Your Purchase

1. How did you learn about this game?

Catalogue ☐ In store display ☐

Friend recommended ☐ Internet ☐

Sales person ☐ Magazine Ad / Review ☐

(If magazine Please specify)

2. Where was the product purchased?

Computer Game Store ☐ Department Store ☐

Music/Video Store ☐ Mail Order ☐

Electrical Store ☐ Gift ☐

Toy / Game Store ☐ Name of store (Please specify) ☐

3. How many Activision games do you own?

1-5 ☐ 5-10 ☐ 10+ ☐

4. Which system(s) do you own or plan to buy in the next 12 months?

System Own Plan

PC 386 ☐ Super Nintendo ☐

PC 486 ☐ Playstation ☐

PC Pentium ☐ Saturn ☐

Mac ☐ Ultra 64 ☐

Megadrive ☐ Other (Please specify) ☐

5. How many computer games do you own?

1-5 ☐ 5-10 ☐ 10+ ☐

6. If you own a computer which operating system do you have?

MS DOS ☐ MS Windows 3.1 ☐

MS Windows 95 ☐ IBM OS/2 ☐

7. Do you own any of these peripherals?

Double speed CD ROM drive ☐ Quad speed CD ROM drive ☐

Modem ☐ Printer ☐

8. How many hours a week do you spend on the internet?

None ☐ 1-5 ☐

5-10 ☐ 10+ ☐

9. Have you visited Activisions website?

Yes ☐ No ☐

10. What type of game do you enjoy most?

Action ☐ Platform ☐ Role playing ☐

Adventure ☐ Puzzle ☐ Sports ☐

Flight simulation ☐ Racing ☐ Strategy ☐

11. What is your favourite game?

12. How many hours a week do you spend playing games?

1-5 ☐ 5-10 ☐

10-15 ☐ 15+ ☐

13. Which computer magazines do you read regularly?

PC Format ☐ Computer Life ☐

PC Gamer ☐ Computer Shopper ☐

PC Zone ☐ Internet ☐

PC Review ☐ internet & Comms Today ☐

PC Guide ☐ CD-ROM Today ☐

PC Kids ☐ CD-ROM Magazine ☐

Mac Action ☐ Other (Please specify) ☐

Section 3. About You

IMPORTANT - If you are under 18 and live with your parent(s), please ask your Father or Mother to complete this section.

LEISURE

1. Which newspapers/magazine do you usually read?

You Ptnr

Daily Express ☐ Guardian ☐

Daily Mail ☐ Independent ☐

Daily Mirror/Record ☐ Scotsman ☐

Daily Star ☐ Sun ☐

Daily Telegraph ☐ Times ☐

Financial Times ☐ Regional Daily ☐

Glasgow Herald ☐ If magazine please specify ☐

2. Which of the following do you enjoy on a regular basis?

You Ptnr

Antiques/Fine Art ☐ Further Education ☐

Betting ☐ Gardening ☐

Books ☐ Going to the Pub ☐

Competitions ☐ Photography ☐

Cookery ☐ Religious Activities ☐

Current Affairs ☐ Sewing/Needlecraft ☐

Football Pools ☐ Theatre/Arts ☐

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SHOPPING

3. Have you bought goods by mail or by telephone in the last 2 years? Yes ☐ 1 ☐
4. If you own a cat or a dog what brand(s) of pet food do you regularly buy?

Cat Food

Dog Food

5. If you smoke please write in the name of the cigarette brand you and/or your partner smoke most often.

You

Partner

Important: Please sign below that you are a smoker aged 18 or over.

You

Partner

MOTORING/TRAVEL

6. How many times have you flown on business in the last 3 years?
- You: 1-5 ☐ 6-10 ☐ 10 or more ☐ 3 ☐
- Ptnr: 1-5 ☐ 6-10 ☐ 10 or more ☐ 6 ☐

7. The following questions relate to your MAIN PRIVATELY OWNED car:

Make (eg Ford)

Model (eg Escort)

Type (eg GL)

Engine cc (eg 1600)

8. Who is insured to drive this car?

You ☐ 1 ☐ Partner ☐ 2 ☐ Others (please state how many) ☐ 3 ☐

9. When do you plan to replace your car?

Within 12 months ☐ 1 ☐ In 2-3 Years ☐ 2 ☐ Later ☐ 3 ☐

10. How much No Claims Bonus will you receive on your next renewal?

0% ☐ 1 ☐ 10-39% ☐ 2 ☐ 40% ☐ 3 ☐

50% ☐ 4 ☐ 60% ☐ 5 ☐ Not sure ☐ 6 ☐

11. In which month did your car insurance cover begin?

Jan ☐ 01 ☐ April ☐ 04 ☐ July ☐ 07 ☐ Oct ☐ 10 ☐

Feb ☐ 02 ☐ May ☐ 05 ☐ Aug ☐ 08 ☐ Nov ☐ 11 ☐

March ☐ 03 ☐ June ☐ 06 ☐ Sept ☐ 09 ☐ Dec ☐ 12 ☐

12. Have you taken a cross channel ferry in the last 5 years or are you planning to do so?

Taken ☐ 1 ☐ Planning to in next 12 months ☐ 2 ☐

MONEY & INVESTMENTS

13. Are you considering changing your Bank or Building Society current account?

Yes ☐ 1 ☐ Possibly ☐ 2 ☐

14. Do you consider your current personal pension arrangements to be:

Adequate ☐ 1 ☐ Inadequate ☐ 2 ☐ Unsure ☐ 3 ☐

15. Do you/your partner have any of the following credit cards? (please tick all that apply)

Credit Card ☐ 1 ☐ Charge Card ☐ 2 ☐ Store Card ☐ 3 ☐

Gold Card ☐ 4 ☐ Considering a credit card ☐ 5 ☐

16. Do you have or are you considering any of the following investments? (Please tick all that apply)

Have Cons ☐ 01 ☐ 07 ☐ PEP (Personal Equity Plan) ☐ 04 ☐ 10 ☐

Lump Sum Investment ☐ 02 ☐ 08 ☐ Unit Trust(s) ☐ 05 ☐ 11 ☐

Regular Savings Plan ☐ 03 ☐ 09 ☐ Will ☐ 06 ☐ 12 ☐

17. Would you consider professional help in arranging your personal finances?

Yes ☐ 1 ☐ No ☐ 2 ☐ Unsure ☐ 3 ☐

18. Do you foresee the need for a personal loan?

Yes ☐ 1 ☐ Possibly ☐ 2 ☐

YOUR HOME

19. What type of home do you live in?

Detached House ☐ 1 ☐ Semi detached ☐ 2 ☐ Terraced House ☐ 3 ☐

Flat/Maisonette ☐ 4 ☐ Bungalow ☐ 5 ☐

20. Is your home

Owned ☐ 1 ☐ Privately Rented ☐ 2 ☐ Council/Housing Ass. ☐ 3 ☐

21. Are you considering any of the following home improvements?

Have Cons ☐ 1 ☐ 5 ☐ Double Glazing ☐ 3 ☐ 7 ☐

Fitted Bathroom ☐ 2 ☐ 6 ☐ Security System ☐ 4 ☐ 8 ☐

22. If you have household insurance, in which month do you renew your cover?

S E P T

(Please write in month e.g.)

Home Contents Insurance ☐ 1

Buildings Insurance ☐ 2

23. Are you planning to move home in the next 12 months?

Yes ☐ 1 ☐ No ☐ 2 ☐ Possibly ☐ 3 ☐

24. Do you already own or are you considering buying any of the following?

Have Cons ☐ 1 ☐ 5 ☐ Mobile Phone ☐ 3 ☐ 7 ☐

Camcorder ☐ 2 ☐ 6 ☐ Fax Machine ☐ 4 ☐ 8 ☐

HEALTH

25. Does anyone in your home wear:

Hearing Aid ☐ 01 ☐ 05 ☐ 09 ☐

Soft contact lenses ☐ 02 ☐ 06 ☐ 10 ☐

Gas permeable contact lenses ☐ 03 ☐ 07 ☐ 11 ☐

Spectacles ☐ 04 ☐ 08 ☐ 12 ☐

26. Do you/your partner have, or are you considering, private medical insurance?

Have (private) ☐ 1 ☐ Have (business) ☐ 2 ☐ Considering ☐ 3 ☐

27. If you have private medical insurance, do you know in which month your cover began?

(Please write in month e.g. S E P T) Month:

GENERAL INFORMATION

28. What is your occupation?

You Ptnr ☐ 01 ☐ 15 ☐ Public Sector ☐ 08 ☐ 22 ☐

Manager ☐ 02 ☐ 16 ☐ Professional ☐ 09 ☐ 23 ☐

Self-Employed ☐ 03 ☐ 17 ☐ Armed Forces ☐ 10 ☐ 24 ☐

Skilled Worker/Trade ☐ 04 ☐ 18 ☐ Student ☐ 11 ☐ 25 ☐

Manual Worker ☐ 05 ☐ 19 ☐ Housewife/Homemaker ☐ 12 ☐ 26 ☐

Office Worker ☐ 06 ☐ 20 ☐ Retired ☐ 13 ☐ 27 ☐

Shop Worker ☐ 07 ☐ 21 ☐ Unemployed ☐ 14 ☐ 28 ☐

29. What is your approximate family income each year?

Under £5,000 ☐ 1 ☐ £20,000-£24,999 ☐ 5 ☐

£5,000-£9,999 ☐ 2 ☐ £25,000-£29,999 ☐ 6 ☐

£10,000-£14,999 ☐ 3 ☐ £30,000-£39,999 ☐ 7 ☐

£15,000-£19,999 ☐ 4 ☐ Over £40,000 ☐ 8 ☐

30. If there are children in your home please indicate how many and in which age groups:

0-2 yrs ☐ 1 ☐ 3-4 yrs ☐ 2 ☐ 5-10 yrs ☐ 3 ☐

11-15 yrs ☐ 4 ☐ 16-17 ☐ 5 ☐ 18 yrs+ ☐ 6 ☐

31. Do you/your partner own a business, or are you considering starting one?

Already own ☐ 1 ☐ Like to start ☐ 2 ☐

Please tick if working from home ☐ 3 ☐

Thank you for completing this questionnaire. All information will be treated under the terms of the Data Protection Act. As already mentioned Activation & IDC may make your information available to other respected organisations who may wish to send you offers of products and services. Please tick here if you would prefer not to participate in this offer ☐ If you have any comments or queries about the products and services of Activation, or the services of IDC, please write to Activation UK Ltd, Gemini House, 133 High Street, Weylesley, West Drayton, UB7 7QL, or IDC Marketing Services Limited, Boundary House, 91-93 Charterhouse Street, London EC1M 6HR.

HOW TO RETURN YOUR FORM: CUT OFF WHERE MARKED, FOLD PAGE IN HALF AFFIX A STAMP AND ADHESIVE TAPE WHERE MARKED AND POST.

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