

RETURNS FORM

Please complete as much of this form as possible, so we can process your return as quickly as possible & issue your refund.

			ustomer Informa	ation		
Full Name			ustorner inionna	шоп		
Order Number						
Delivery Address						
Contact Number						
Email Address						
			Order Information	n .		
Order Date			Order imormatic	JII		
Delivery Date						
Delivery Date						
Please	fill in	the details	of products inclu	ıded in your retu	ırn belc	W:
Product		Product Name				Qty
Number		Floudel Name			Returned	
Please tick the reason for your return						
Not as	Ch	hanged my	Ordered too	Poor quality	Damaged/Faulty	
expected		mind	many		1.0 2.0 2.2	
Create Your W	orld L	Jse :				
Returns Reference Number						
Refund Issued Date						