

MILIDIAMI

GOODS RETURN FORM /COMPLAINT FORM *

Order no.:

Buyer

(First and last name):

.....

(Place and date)

Address:

.....

E-mail:

Contact no:

Claimed product:

Reason for return:

(mark the appropriate one)

- The product is faulty
- Non-conforming delivery
- Product return without providing reason (within 14 days from receiving the product. The product should be returned in the original packaging, without traces of use, with the receipt/invoice enclosed.)
- Other

Please provide reason /Suggestions/Remarks:

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.....
.....

Request for:

(mark the appropriate one)

- Exchange for a defect-free product
- Exchange for a different product

(please specify the name):

- Cash return to the provided account:

.....

.....

(legible signature)

*delete when inapplicable