

BELGOMEDICAL RETURN FORMULAR

Declaration

Ritorno senza segno di usura !

(Complete what is appropriate) Add with your return.

Your information **(must be completed)**

Order nr M-697827-....(4 lacking digital numbers)

Name:

Address:

Zip code / Tonw:

Country:

Telefophone:

1. RETURN **(must be completed)**

Order date :

Date of reception of the order:

Date of inspection/trying:

Date of demand for return:

Date of cancelling of order:

Difference date reception/date announcement return: days

2.Manufacturing default **(only complete if necessary)**

Description:

Date of announcement manufacturing default:

3. EXCHANGE

(only complete if necessary)

1/ to a bigger size : specify:

2/ to a smaller size: specify

3/ to another model: specify type:

4/ I'm prepared to pay for the new shipping cost. The amount is:

4. RETURN

Send back to:

E.B.Materials bv

Hendrik Huyghelier

G Gezellelaan 24

3550 Heusden-Zolder

BELGIUM

5.CONDITION of returned goods: prodotto SENZA alcun segno di usura !

Labels attached: yes/no

Tried on in a hygienic way (no wearing signs): yes/no

Not worn, just tried on: yes/no

Resellable as new: yes/no

I am aware of the sales conditions conforming Belgian law.

Date

Signature