Returns Advice Form



CASE NO.

Please include this form along with your returns and send to: Returns Department, DD, 6 Perry Way, Witham, Essex, CM8 3SX.

• Returns cannot be accepted without prior authorisation per item.

All product shortage/damage must be notified within three days of deliver .

Goods need to arrive back to us in a re-saleable condition and in the original packaging.

This returns form is required to be completed in full. Failure to do so will result in no credit.

		lucts are deemed NON RETUF ouse within 28 days of Invoice		
CUSTOMER CODE	ACCOUNT H	DLDERS FULL NAME	ADDRESS	
			Postcode	
PRODUCT CODE	QUANTITY	DESCRIPTION		INVOICE NUMBER
TRODUCT CODE	GOANTIT	DESCRIPTION		INVOICE NOMBER
SUPPORTING INFORMATION				
		P	Please ensure that all accesso	ories are returned alongside items for repair.
CONTAMINATED GOODS				
Please note that it is illegal to s Please ensure all contaminate			ving section is completed to c	onfirm this
In accordance with the manufa	acturer's instruction	s, the enclosed product has b	een sterilised by:	
Autoclave	Dry Heat	☐ Cold Sterilisation		
State type of cold steriliser/dis	sinfectant used he	re:		
Name		Signed		Date

Version 1.2 SOP 018.2