



Items Being Returned Claim Form

VENDOR	The Wax Man	BUYER	
ADDRESS	6 Priors Court	ADDRESS	
	St John's Road		
TOWN	WOKING	TOWN	
COUNTY	Surrey	COUNTY	
POSTCODE	G U 2 1 7 R Z	POSTCODE	
ITEM DESCRIPTION AND REASON FOR RETURN			
PAYMENT METHOD	Paypal / Google / Cheque	INVOICE No.	2008/9-
ITEM VALUE	£ -	RMA NUMBER	T W M
P&P CHARGE	£ -	Telephone 07841 436623 or email for RMA Number and Invoice	
TOTAL CLAIM	£ -	Date. Ryoklyn UK Ltd will refuse claims without these completed.	
PURCHASE DATE (dd/mm/yy)		INVOICE DATE * (dd/mm/yy)	

*Claims can only be made before 7 days from the receipt date

I would wish to return the items included with and detailed on this form for the reasons above.
 I understand that they will only be accepted if they are returned in resaleable unused condition.
 I understand that the items must be received by Ryoklyn UK Ltd within 14 days of our receipt.
 I have returned the items with this form and have taken all due care to ensure that they reach you in excellent condition. I understand that if they are damaged in transit, my claim will revert to Royal Mail and Ryoklyn UK Ltd will be absolved of any further involvement. I have insured the Items to the correct value and understand that all return cost are bourne by me.
 I ask that, if all is in order, Ryoklyn UK Ltd process a refund within 30 days of this claim.

SIGNED	
PRINT NAME	Mr / Miss / Mrs
DATE	2008 / 9