



NAME AND ADDRESS WHOLESALER	
DISTRIBUTOR A/C No.	

RETURNING CUSTOMER NAME AND ADDRESS	
CUSTOMER A/C No.	

CLAIM No.	
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DATE	
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THIS FORM MUST BE COMPLETED IN ALL APPLICABLE SECTIONS WITH ALL RELEVANT PARTS AND OTHER DOCUMENTS.

METHOD OF RETURN	
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COLLECTED OR RECEIVED BY	
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**FULL PARTICULARS OF CLAIM**

QTY	PART No.	DESCRIPTION/BATCH CODE (IF KNOWN)	VALUE OF AMOUNT CLAIMED LESS VAT

INVOICE No. OF ORIGINAL PURCHASE		VALUE OF ANCILLARY ITEMS CLAIMED (RECEIPTS MUST ACCOMPANY THIS FORM)	
		TOTAL LABOUR COSTS CLAIMED (INVOICE MUST ACCOMPANY THIS FORM)	
HAVE ITEM(S) BEEN FITTED?	YES NO	V.A.T.	
		TOTAL	

IF NOT FITTED: DETAILS OF VEHICLE BELOW NOT REQUIRED

**DETAILS OF VEHICLE**

MAKE		CHASSIS No.	
MODEL		DATE FITTED	
YEAR		DATE REMOVED	
ENG. TYPE/No.		USAGE	MILES KMS

PRECISE DETAILS OF FAULTS CLAIMED	
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CUSTOMER DECLARATION	THIS CLAIM AS DETAILED ABOVE REPRESENTS THE TOTAL CLAIM IN RESPECT OF THE GOODS RETURNED	Signed:
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