NAME AND ADDRESS WHOLESALER	
DISTRIBUTOR A/C No.	

RETURNING CUSTOMER NAME AND ADDRESS	
CUSTOMER A/C No.	

CLAIM No.	
DATE	

THIS FORM MUST BE COMPLETED IN ALL APPLICABLE SECTIONS WITH ALL RELEVANT PARTS AND OTHER DOCUMENTS.

METHOD OF RETURN	
COLLECTED OR RECEIVED BY	

FULL PARTICULARS OF CLAIM

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

VALUE OF ANCILLARY ITEMS CLAIMED (RECEIPTS MUST ACCOMPANY THIS FORM)	
TOTAL LABOUR COSTS CLAIMED (INVOICE MUST ACCOMPANY THIS FORM)	
V.A.T.	
TOTAL	

INVOICE No. OF ORIGINAL PURCHASE	

HAVE ITEM(S) BEEN FITTED?	YES NO

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	

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