

## **Faulty Products Replacement Form** Company Name: Contact person's Name: Branch: Date of complaint: Address: Product Name Quantity **Detected Issue**

Additional discription of complaint on the product:

For official use:

Date Received:

Type of resolution:

## ASSIGNED TO:

- \* Please write the reason of being at fault of the product being returned properly.
- \* Please make sure that the product being returned were supplied by Light up Wholesale Limited.
- \* Please return this fully filled form together with the product being returned.
- \* Please note that only manufacturing faulty products will be returned/Replaced/credited, any forceful damaged product are not covered under manufacturing fault.