

Products Return Form				
Company Name:		Contact person's Name:		
Branch:		Date of Return:		
Address:				
SN	Product Name	Quantity	Return Reason	
511	Troduct Name	Quantity		

Additional discription of complaint on the product:

For official use:

Date Received:

Type of resolution:

ASSIGNED TO:

^{*} Items being returned must be in an original box and in sellable state, please Note if the packaging, or any other defect on the outer packet or product itself may result to not being credited.

^{*} The sender may be liable for the shipping fee unless otherwise advised by Light up Wholesale Limited.

^{*}A copy of the filled Product return form must be sent together with the products.

^{*} Please note this is a product return form for the products that are sellable condition, To return the faulty products, please request for 'Product Replacement Form'