## RETURNS FORM

Please fill in all details below so that we may assist you with your return. All fields are mandatory in order for the form to be processed. Either mail this form to <u>websales@blockandchisel.co.za</u> or drop it off at your nearest store to assist. Feel free to contact us at 021 691 0878 if you do not have all of the information needed.

NAME OF COMPANY OR PERSON WHO PURCHASED THE ITEM		MS MR	MRS CO
DATE OF PURCHASE	$\overline{\text{DD}}$ $/$ $\overline{\text{MM}}$ $/$ $\underline{\text{YYYY}}$ INVOICE/DOCUMENT NO.		
DESCRIPTION OF ITEM			
STORE WHERE ITEM WAS PURCHASED			
REASON FOR RETURN			
DO YOU REQUIRE A COLLECTION?	YES NO PLEASE NOTE: COLLECTIONS MAY BE CHAR	GED FOR	
ADDRESS FOR COLLECTION			
	CITY CODE		
CONTACT PERSON	MS	MRS	MR
CONTACT NO.			
EMAIL			
	furniture purchased from our website excluding lighting. If for any reasor ed condition and packaging within 3 days for a full refund less freight. Un ginal packaging:		
CAPE TOWN WAREHOUSE 7 Ottery Road, Philippi, Cape Town, 7750 (off Govan Mbeki road at the Philippi Police Sta	ation)		
_			

DATE DD / MM / YYYY SIGNATURE \_\_