*date* ….... / ….... / …..……

 *dd mm yy*

 Return application form

 NAME ………………………………………………………………..

 *First + Surname*

 EMAIL ADDRESS ………………………………………………………………..

 *example@mail.com*

 MOBILE NUMBER ……..…………………………………………………………

 *If we have any further questions*

 ORDER NO. \_ \_ \_ \_ \_ \_ \_

 *Unique 7-digit number*

REASON FOR RETURN ☐ I’m using 14 day right to return goods
*Product needs to be clean, in original package and unused*

 ☐ Wrong product

 *Wrong color, size or model*

 ☐ Defective or broken product

*Choose only one*  *Please be more specific*

|  |
| --- |
|  |

 ☐ Other reason

  *Please be more specific*

|  |
| --- |
|  |

 COMPENSATION ☐ Please refund my money back

 *We refund money to an account where it came from*

|  |
| --- |
|  |

 *Choose only one*

 ☐ I would like to get a new product

 We will send you a new product after we receive an old item

 Follow these instructions 1. Please fill this form and attach it to returning goods

 2. Please return good to an address „Peterburi tee 44, Tallinn, 11415, Estonia“ receiver „Stokker AS“ contant number „+372 620 1111“ or bring it to closest Stokker toolstoore or send it to Omniva's parcel collect machines using returning code.

NB! Return process can take up to 14 days from time we receive goods.

 ………………………..

 *Signature*