

Digital Hearing Care Solutions Ltd

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RETURNS / REPAIR FORM

Original Order Number / Reference	
Name on Original Order	Your Name (if diff.)
Postal address of original order	
Return address (if different)	
Email Address	Phone number
Details of item (s) to be returned for credit / exchan	ge / repair (*Delete as appropriate)
Name of company contact who you have been dealing with	
Anything else you would like us to know? (if you run out of space use reverse of this sheet)	
Your Signature	Print name Date

- 1). Please ensure this document is as complete as possible and is enclosed in the package you send to us. For us to process a return / exchange you must include all original packaging and accessories (if applicable) and the goods need to be in an 'as new' condition, if any different please email us in the first instance to clarify. If a repair please send the item as instructed.
- 2). Please email us confirming once you have shipped to us with the carrier used so we know to expect it. Royal Mail standard mail is fine for low value items but we advise using a tracked service for items of value, if unsure please ask us.

Our postal address is as above. Please address for the attention of the person who you have agreed the return with and use appropriate packaging material to avoid damage in transit.