

SGCARE INDUSTRIES PRIVATE LIMITED

CARE

PRODUCT RETURN FORM

Customer / Direct Seller's Name: Date:

Self ID: Sponsor's ID: Contact No.:

Product Return is For: Product Replacement Exchange With Other Products Money Back

Sr. #	Product Code	Product Name	Purchased Qty	Returned Qty	Invoice Ref. No.	Invoice Date
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

PRODUCT RETURN REASON

Product Received Manufacturing Defect Seal Open

Didn't Like It Inferior Quality Product Other

please specify the reason: _____

Mandatory Attachment (Original Invoice of the Products): Bill Ref. No.: Date:

(Customer Sign. / Thumb Impression)

FOR OFFICE USE ONLY

Number of the Products Received (Mention Total Quantity) In Words:

Returned Products Are (Strike off which is not required): ~~Unused~~ / Used

If Used, How Much Is Used (Mention in Percentage):

If Unused, Product Seal is (Strike off which is not required): ~~Broken~~ / Intact

Physical Condition of the Returned Product (Strike off which is not required): ~~Damaged~~ / Good

Products Received By (Name): Date:

Signature