

RETURN/REFUND REQUEST FORM

❖ **YOUR DETAILS**

Name *	
NRIC / Passport No *	
Contact Number *	
Email Address *	
Customer Address *	
Delivery Address *	
Order / Invoice Number *^	
Receiving Date *^	

❖ **DETAILS OF RETURN/REFUND**

No.	Product Description**	Quantity Returned*	Reason for Return*	Details of Fault
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

- Reason for Return/Refund:
- A Faulty
 - B Damaged
 - C Wrong Size / Colour / Variant
 - D Parts Missing
 - E Item Missing
 - F Wrong Item
 - G Others (please specify)

❖ **RETURN OPTION***

- [] Return at Wellbeing store: _____ (please specify which outlet)
- [] Send back by registered post via reliable courier service at your expense

* Compulsory fields

^ Please provide a copy of your valid receipt and delivery order/registered post receipt

+ Any Product returned to us must be unused and in its original condition, quantity and packaging. Items returned will only be accepted if complete with all accessories and GWP. Health equipment will only be accepted if dismantled and boxed as received