## Returns & Exchange Form



To help our team identify your order details and process your return effectively, please ensure this form is completed and included within your returned parcel.

Please visit the Returns Policy on our webpage for our full Terms & Conditions on returned goods. <u>https://www.hearingaidaccessory.com/returns-policy/</u>

| Customer Details: |  |
|-------------------|--|
| Name              |  |
| Address           |  |
| Postcode          |  |
| Contact Number    |  |
| Email Address     |  |

| Order Details: |   |           |
|----------------|---|-----------|
| Order Number   |   |           |
| Reason Code    | Please tick the return reason applicable fo |           |
|                |   | ICK BELOW |
|                | Un-Required/Un-Wanted                       |           |
|                | Incompatible with my hearing device         |           |
|                | Faulty<br>Damaged on delivery               |           |
|                | Incorrect Size/Colour/Variation             |           |
|                | Arrived too late                            |           |
|                | Incorrect item received                     |           |
|                | Exchange Required – Please provide details  |           |
|                |   |           |
|                |   |           |
|                |   |           |
|                |   |           |
|                |   |           |
|                |   |           |
|                |   |           |
|                |   |           |