![Suvidacare logo](CHANGING LIVES NATURALLY)

PRODUCT RETURN FORM
(Please attach Original Invoice)

Consultant Name

Consultant Suvidacare ID Number

Consultant Contact Number

Product Name	Product Code	Quantity

Original Invoice Number against which products are returned

REASON FOR RETURN

☐ Damage received ☐ Manufacturing issue ☐ Others

RETURN IS FOR

☐ Replacement ☐ Exchange

Customer Name

Customer Contact Number

Remarks

Signature

Date