Integrum Global Solutions (Pty) Ltd TA OccuSafe

Refund Request Form

Customer Information

- Full Name:_____
- Contact Number: _____
- Email Address: _____
- Physical Address: _____

_____

Purchase Information

- Order Number: _____
- Date of Purchase: _____
- Product(s) Purchased:

1. _____
2. _____
3. _____

Reason for Return

(Please check the appropriate reason and provide details)

- [ ] Product is defective
- [ ] Product does not match description
- [ ] Product not suitable for intended purpose
- [ ] Received incorrect product
- [ ] Exercising cooling-off right (Direct Marketing)
- [ ] Other (please specify): _____

Details of the Issue

(Provide a brief explanation of the issue):

_____

_____

_____

Return/Refund Request

- [ ] Full Refund
- [ ] Replacement Product
- [ ] Repair
- [ ] Other (please specify): _____

Method of Original Payment

- [ ] Credit Card
- [ ] Electronic Transfer
- [ ] Cash
- [ ] Gift Card
- [ ] Cheque
- [ ] Other (please specify): _____

Preferred Refund Method

- [ ] Same as original payment method
- [ ] Other (please specify): _____

Customer Signature

- Signature: _____
- Date: _____

For Office Use Only

- Date Request Received: _____
- Received By: _____
- Return Authorization Number: _____
- Action Taken: _____
- Refund Approved: [ ] Yes [ ] No
- Processed By: _____
- Date Refund Issued: _____