Integrum Global Solutions (Pty) Ltd TA OccuSafe

Return Authorisation Form

Return Details

- Customer Name: _____

- Order Number: _____

- Product(s) Returned:

1. _____
2. _____
3. _____

Inspection Details

- Date of Return: _____

- Condition of Returned Goods:

- [ ] Original packaging intact
- [ ] Goods unused
- [ ] Accessories/documentation included
- [ ] Goods damaged
- [ ] Goods altered
- [ ] Other issues (please specify): _____

Assessment Outcome

- [ ] Return Approved
- [ ] Return Denied (Reason): _____

Return Authorisation Number: _____

- Issued By: _____

- Date: _____

Next Steps

- [ ] Full Refund Processed
- [ ] Replacement Product Issued

- [ ] Repair Arranged
- [ ] Customer Informed (Date): _____

Employee Signature

- Signature: _____
- Date: _____