

Attachment 2

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Name and address of the Client

GOODS REPLACEMENT FORM

ORDER NO.:

ORDER DATE:

INVOICE/RECEIPT NUMBER:

PLEASE, REPLACE:

.....
NAME OF REPLACED GOODS. QUANTITY OF PRODUCTS

FOR:
.....
GOODS. QUANTITY OF PRODUCTS

Client's remarks:
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.....
I hereby declare that I am aware of the Terms and Conditions of replacement applicable at the Store.

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(Date and legible signature of the Client)