

# SHEKOU

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## RETURNS FORM

PLEASE COMPLETE THIS FORM IF YOU WISH TO MAKE A RETURN.

DATE:	
NAME:	ORDER #:

PLEASE LIST THE ITEMS YOU ARE RETURNING:

ITEM NAME	REASON CODE

ADDITIONAL INFORMATION:

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REASON CODES

1= DON'T LIKE IT

4 = NOT AS PICTURED

5 = FAULTY

PLEASE RETURN TO:

SHEKOU RETURNS, P.O. BOX 496, WHANGAPARAOA, AUCKLAND, NEW ZEALAND