

RETURNS FORM

Need to make a return?

Complete this form and return with your product within 30 days of delivery.

RETURN ADDRESS:

Dior Perfume & Beauty Boutique, Commercial Bay Shop 0430N/7 Queen Street,
Auckland CBD 1010, New Zealand

Name: _____

Address: _____

Suburb: _____

Postcode: _____

Town/City: _____ Telephone Number: _____

Please refer to your order confirmation email to complete this section

Order Number: _____

PRODUCT NAME	QTY	REFUND/REPLACEMENT	REASON CODE

Reason Codes

- E01 Faulty product
- E02 Damaged in Transit
- E03 Incorrect items delivered
- E04 Change of Mind
- E05 Not as pictured
- E06 Allergy

Refunds

Please indicate the payment type you used on your order:

- Visa/MC/AMEX PayPal Afterpay/ Zip Pay Debit Card