



**MAIL TO:**  
 NSW CPAP RETURNS  
 Suite 3, Level 1  
 49 Grosvenor Street  
 WOOLLAHRA, NSW 2025  
 returns@nswcpap.com.au  
 1300 414 190

## PRODUCT RETURNS FORM

To help us process your returns in a prompt manner, simply fill in this form and include a copy of this form with your package. You may also email a copy of this form to [returns@nswcpap.com.au](mailto:returns@nswcpap.com.au).

Send your returning item(s) to the address above.

Please allow up to 14 days for processing.

### Customer Details

Name	
Email address	
Street Address	
City, State, Postcode	
Phone number	

For items purchased online

Online Order number	
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For items purchased from a retail location

Purchase Location	
Purchase Date	
Invoice number	INV-
Sleep Vantage # (ResMed Only)	

\***ALL** exchange requests on items purchased from a retail location or online **MUST** be accompanied by proof of purchase and the item/s to be exchanged/refunded.

\* **Due to health and hygienic regulations** – items with hygienic seals can only be returned if the manufacturing seal is intact (unless the item itself is defective). These items include CPAP masks, cushions/seals, filters, humidifier chambers and mask parts.

Item(s) to Exchange/Refund	Quantity

### Please indicate what outcome you would like:

Exchange                      Refund                      Credit Note                      Other \_\_\_\_\_  
 Unsure, please contact me

### Describe the condition of the product:

Unopened                      Opened - unused                      Opened - but used

<b>If exchange, what item do you require?</b>	
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<b>Reason for exchange</b>	(300 Character Limit)

Check here to indicate that you have read and understood the terms and conditions of our returns policy.

**Note:** All refunds/returns are subject to the NSWCPAP returns policy – see return policy at <https://www.nswcpap.com.au/pages/shipping-returns-policy>