PRODUCT CLAIM FORM



over printed with name

YOUR DETAILS

Your Name:			
CELL Number:	Em	nail Address:	
	lacement may be sent):		
PRODUCT DETAIL	_S		
Item description			
Fault description:			
Purchase date:	Return Date:	Purchase receipt supplied: Y	$\square_{N}\square$
Store where purchased	d:		
FOR OFFICE USE	ONLY		
DATE:	S/N	M/D	
Fault description:			
Action taken:			
for professional use and a 1 y accompanied with this form Northgate Estate, Gold streethy Veaudry and should your styler which willcarry a new right to replace it with a simulation original proof of purchase in note that your Veaudry styler / replacing the plug, tamper note that Veaudry does not for	rear guarantee for home use against and the original proof of purchase et. Brooklyn, Cape Town 7405 Att: styler be within the guarantee per one year guarantee. In the case of the cape of	manufacturing faults, Veaudry hair dryers carry a 6 more at manufacturing faults. You will be required to send see receipt to: VEAUDRY INTERNATIONAL Unit 4 His: Return Dept. Once received you will be notified of the eriod and qualify to be replaced, it will be replaced that Veaudry has discontinued your model, Veaudry or value. Please note that claims most be accompanted do not have an original proof of purchase will not qualify, dropping, scratching, tampering with the housing bels will void the guarantee and general wear and eplaced within the guarantee period are replaced with.	your styler, ighway Park, e action taken d with a new reserves the nied with the ualify. Please ing, removing tear. Please
Signature of claimant	Signatur	re of tester Signature of ma	anagement

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