

# Claim Form

## VAT pre-paid on Returned Goods



PLEASE COMPLETE USING BLOCK CAPITALS

Our reference number:

### CUSTOMER DETAILS

Title ( <i>Mr, Mrs, Miss, Ms.</i> )	Full name	Company
Address		
Postcode		
Tel. (home)	Tel. (work)	E-mail

### POSTING DETAILS (The address of the initial recipient of the goods)

Title ( <i>Mr, Mrs, Miss, Ms.</i> )	Full name	Company
Address		
Postcode		
Please describe the goods sent and returned		
Cost Price		
Where were the goods posted? Please specify which branch.		
Date of posting	Cost of Posting	
Amount of VAT that was pre-paid		

**AMOUNT OF CLAIM £**

### TERMS AND CONDITIONS

To enable us to process this VAT refund for you, we will require proof of the amount of VAT that was paid and also the packaging to show evidence that this item has been returned. Without this information, no refund can be issued.

### DECLARATION

I declare that, to the best of my knowledge, the information I have provided above is true and correct.

Signature	Date
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For further details, please contact Customer Services on 01481 711720