|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **RETURNED GOODS FORM (May be sent to customer to accompany the uplift)** | | | | | |
| Customer Name: | | | Return Reference number | | Date: |
| Product Name |  | | | | |
| Invoice Number |  | | | | |
| Strength |  | | | | |
| Pack size |  | | | | |
| Batch No |  | | | | |
| Expiry |  | | | | |
| Dispatch details |  | Consignment Detail | | invoice Qty | |
| Return qty |  | | | | |
| Reason for Return |  | | | | |
| To be completed by the customer & Returned to: | | | | | |
| We are returning the above goods in conformance with your terms and conditions.  Return is authorised by BritPharm Ltd- Name signature and date ………………………………………… | | | | | |
| All storage conditions for the product have been adhered to while the goods were in our possession.  We are returning the goods appropriately packaged and using an agreed courier. | | | | | |
| **Customer Declaration:**  **I, the undersigned declare, that the above goods have been stored & adequately protected for return to supplier as per the MHRA guidelines under the code of good distribution practice, 2013/C 343/01.**  **(Customer’s Authorised Representative) …………………………….** | | | | | |
| Print Name………………………………………Date…………………………Position…………………………………………………. | | | | | |