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| **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…………………………………………………. |