



## RETURN FORM

Please fill in as completely as possible. Shipping costs related to return are for your own account.

Name: .....

Address: .....

Postal code + City: .....

Bank account number: .....

Order number: .....

Date of receipt: .....

E-mail: .....

Returned item(s):

Product(s)	Size	Quantity

Reason return:

Signature: .....

Date: .....

Package **INCLUDING THIS RETURN FORM** should be sent to:

WestCare, attn Returns  
Mercuriusweg 4  
9482 WL Tynaarlo  
The Netherlands

Of course it is also possible to hand it in from Monday to Friday between 9:00 am and 4:00 pm.