

# RETURNS FORM

<b>DATE</b>	
<b>FULL NAME</b>	
<b>EMAIL</b>	
<b>PHONE</b>	
<b>ORDER #</b>	

<b>RETURNS ADDRESS</b>
DPEK HEALTHCARE UNIT 11 MAC ESTATE OLD SLEAFORD ROAD NOCTON LINCOLNSHIRE LN4 2GD

Please read the information below:

- Print off and complete the returns form.
- The item(s) you wish to return must be unopened and in original packaging. This does not affect your statutory rights.
- If you have ordered a kit, the entire kit must be returned – we are unable to refund partial kits.
- Ensure the items(s) is/are adequately packaged and include the completed return form in the parcel.
- Return the parcel to us at the above address using a suitable service appropriate to the value of the contents. We recommend using a tracked service. DPEK Healthcare are not responsible for items lost in transit.

ITEM RETURNING	REASON FOR RETURN

Once we have received your return, please allow 14 days for your refund to be processed.

Please see our website for full returns information:

[www.homebirthsupplies.co.uk](http://www.homebirthsupplies.co.uk)

FOR OFFICIAL USE ONLY:

Date received:

Received by:

Date refunded:

Refund issued by: