

## PANALT PRODUCT RETURNS FORM

Purchase Date: \_\_\_\_\_ Qty Purchased: \_\_\_\_\_ Invoice Number: \_\_\_\_\_  
Online Purchase Only

Where was the purchase made: \_\_\_\_\_

Reason for return: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Were you taking any other medications at the time? If yes give details below:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Your Original Purchase Method    Cheque     Bank Deposit     Credit Card     Electronic

Payment by Direct deposit / Online Bank transfer - Give your banking details below:

Bank: \_\_\_\_\_ Branch: \_\_\_\_\_  
Branch Code: \_\_\_\_\_ Country: \_\_\_\_\_  
Account Number: \_\_\_\_\_ Account Name: \_\_\_\_\_

Refund to Credit Card - Give your credit card to credit below

Name on Card: \_\_\_\_\_

Card Type:            VISA     MASTER CARD     AMERICAN EXPRESS

Card Number: \_\_\_\_\_

Expiry Date:    MM/YY \_\_\_\_\_

Name and Address details:

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

\_\_\_\_\_  
Signature

Mail this form with your product returns to:  
Panalt - P.O Box 818, New Germany, KZN, 3620, South Africa