

PRODUCT RETURN FORM (Please attach Original Invoice)

Details of Medicare Direct Seller (also known as Medicare Consultant)

Name.....

MCA Number..... Contact Number.....

Name of Product	Product Code	Quantity
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Original Invoice Number against which product/s are returned.....

- Reason for Return Damage received Manufacturing issue
 Customer did not like it Others
- Return is for Replacement Exchange Want money back

Customer Details

Name.....

Contact Number.....

Remarks.....
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Date:

Signature of Medicare Consultant