

Hacco

Customer Refund Claim Form

Return Address:

Hacco

PO BOX 1510

Enfield, London

EN1 9TL, UK

Customer Details

Full Name: _____

Email Address: _____

Phone Number: _____

Order Information

Order Number (if known): _____

Date Items Were Purchased (DD/MM/YYYY): _____

Date Items Were Returned (DD/MM/YYYY): _____

Returned within 14 days? ☐ Yes ☐ No

Reason for Return

☐ Item was damaged on arrival

☐ Received wrong item

☐ Item not as described

☐ Changed mind

☐ Other (please specify): _____

Items Being Returned

Item Name/Description	Quantity	Price Paid
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_____	_____	_____
_____	_____	_____

Return Method (if applicable)

How was the item returned?

☐ Royal Mail ☐ Courier ☐ In-store ☐ Other: _____

Tracking Number (if available): _____

Refund Terms Agreement

- Items must be returned in original condition.
- Return shipping will NOT be refunded unless item is damaged or incorrect.
- Refunds are processed within 7 working days.
- Proof of postage may be required.

Do you agree to these terms? ☐ Yes ☐ No

Note: Your information will only be used to process this refund in accordance with UK GDPR regulations.

Customer Signature: _____ Date: ____ / ____ / ____

For Internal Use Only

☐ Received ☐ Inspected ☐ Approved ☐ Denied

Processed By: _____ Date: ____ / ____ / ____