



MIBA SNIPS CC TRADING AS MEDEQUIP.

REQUEST FOR RETURN FOR CREDIT (RFC)

DATE :

(Incorrect items)

1.PRODUCT INFORMATION .

Item (product code - one item per form):

Lot/Serial number :

(One lot, batch,serial no per form):

Your order number :

Describe the reason for wanting to return below – tick a relevant sentence

--- The customer ordered incorrectly

--- Medequip quoted incorrectly

--- Any other – describe briefly here

2.YOUR CONTACT INFORMATION .

Your name :

Telephone number :

E Mail address :

Hospital name :

Hospital address :

3. PLEASE SEND THIS COMPLETED FORM TO returns@medequip.co.za

PLEASE REFER TO OUR TERMS AND CONDITIONS ON OUR RETURN GOODS POLICY AND TAKE CAREFUL NOTE. THANK YOU.

DO NOT RETURN THE INCORRECT INSTRUMENT UNTIL WE AUTHORISE THIS BY SENDING YOU AN RMA NUMBER. THE COMPLETED RMA FORM MUST BE INSIDE THE PARCEL, AND THE RMA NUMBER MUST BE WRITTEN ON THE OUTSIDE OF THE PACKAGE YOU RETURN. IF WE DO NOT RECEIVE THE ITEM WITH AN RMA NUMBER WITH 30 DAYS AFTER YOU RECEIVED THE RMA NUMBER FROM US, THE RMA NUMBER WILL BE CANCELLED AUTOMATICALLY FROM OUR SYSTEM. THANK YOU. (RMA = RETURN MATERIAL AUTHORISATION FORM)