**Return form** 

|  |
| --- |
| **Sender information** |
| Order number: |
| First name, last name: |
| Street, no.: |
| Postal code, city: |
| E-mail: |

Dear Customer

We regret that our product does not meet your expectations. You may return the product(s) within fourteen (14) days after reception of product.

In order for us to improve

□ The product arrived in damaged condition. Please describe the damage precisely. Thank you.

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□ The product is defective. What defect does it show? Thank you for the information.

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□ I ordered a different product. What product did you actually order? Thank you for the information.

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□ Any other reason? Please tell us the reason. Thank you for your cooperation.

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**Please note:**

* **Please make sure you enclose a copy of the invoice to every product you return. You may use the copy that was emailed to you. Unfortunately, returned goods cannot be processed without a copy of your invoice.**
* **Insufficiently stamped or unstamped returns are not accepted.**
* **Please return the product(s) to: CIS Pharma AG, Hauptstrasse 159, 4416 Bubendorf, Switzerland**

I wish (please check): □ Replacement Product □ Refund by Credit Card

or

□ Refund by bank transfer

For a refund by bank transfer please enter your bank account details:

Bank: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

IBAN-no.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Bank identification code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Account holder: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date and legally binding signature